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# The *Damnatio Memoriae* of J. Marion Sims

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## ABSTRACT

J. Marion Sims (1813–1883) was one of the most prominent surgeons of the 19th Century, often referred to as the "Father of Gynecology" for his many contributions to the diagnosis and treatment of female pelvic floor disorders. His most notable contribution was the first reliably successful operation for the treatment of obstetric vesico-vaginal fistula. After Sims's death, the medical profession raised funds to erect a monument to his memory in New York City. Sims developed his surgical approach to fistula closure while operating on a series of young, enslaved African-American women in Alabama. Modern writers have condemned Sims for providing innovative surgical treatment to women with a heretofore devastating and incurable condition. For several years these critics have been systematically seeking to eliminate Sims's memory from the places where he had been honored. Because vesico-vaginal fistulas from obstructed labor are now almost unknown in countries with effective systems of maternal health-care, present-day critics fail to understand the immense suffering caused by these injuries. The argument is made here that a vesico-vaginal fistula was such an overwhelming injury that it dominated all aspects of the day-to-day lives of women with this condition. Rather than being unwilling participants in Sims's surgical endeavors, it is far more likely that these women—even though they were enslaved—were active partners with Sims in their joint search for a cure. The extensive experience of modern surgeons working with poor women suffering from vesico-vaginal fistulas in Africa and Asia supports this perspective.

**Keywords:** J. Marion Sims; vesico-vaginal fistula; obstructed labor; history of gynecology

## INTRODUCTION

J. Marion Sims (1813–1883) was one of the most influential figures in 19th century surgery (Figure 1). He is often referred to as the "Father of Gynecology" for his many contributions to the surgical treatment of disorders of the female pelvic organs.[1,2] Among his many medical contributions are the Sims vaginal speculum (still one of the most useful gynecological instruments ever created),[3] the use of the left lateral decubitus ("Sims") position for pelvic examination,[3] the description of provoked vulvar vestibulitis ("vaginismus") and its treatment by hymenal excision in selected cases,[4] the development of the post-coital test as part of the evaluation of infertility,[5] techniques that made intra-peritoneal surgical operations far safer than they had been before,[6] and the creation of the world's first specialist institution for the treatment of childbirth injuries and other gynecological disorders: the New York Woman's Hospital.[1,7]

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### The Obstetric Vesico-Vaginal Fistula in the 19th Century

Above all, Sims is best-known for developing the first consistently (but not universally) successful operation for the closure of vesico-vaginal fistulas. These injuries were frequent complications of prolonged obstructed labor in the 19th century, when skilled obstetric care was rarely available.[8] Although vesico-vaginal fistulas from obstructed labor have been eliminated from the obstetrical experience of wealthy industrialized nations,[9] they still occur with disturbing frequency among poor women in poor countries. Obstetric fistulas are an affliction of "the bottom billion" of the world's population.[10,11]

Many surgeons had tried to repair vesico-vaginal fistulas before Sims developed his protocol for the successful treatment of this condition. These prior efforts were almost always unsuccessful.[8] Occasionally a serendipitous surgical operation produced a cure, but the reasons it succeeded were elusive and unclear.[12] So, depressing in general were the results of these operations that surgeons referred to vesico-vaginal fistula as "the opprobrium of surgery." Surgeons were ashamed that they could not do better; but in spite of the overall dismal results of attempts at fistula closure, the lives of women suffering from this malady were so overwhelmingly wretched that they returned time and again for additional treatment, pleading with their surgeons to "try just one more time" in the hope that the *next* operation would successfully mend their injuries and restore them to normal living.

**Figure 1.** J. Marion Sims (1813–1883). From J. Marion Sims, The Story of My Life; New York: Appleton, 1884 (public domain)

In 1829, London surgeon Henry Earle referred to "the present miserable condition" of the fistula patient, "in which she must feel her life a loathsome burthen to herself and others".[13] Earle confessed, with great sadness, "…that, in the majority of cases, little can be done to obtain a cure…".[13] He declared "that under the most favourable circumstances, these cases present the greatest obstacles, and are certainly the most difficult that occur in surgery. I do not mention this to discourage you from making attempts to relieve patients suffering under this great calamity," he admonished, "on the contrary, I would strongly urge you not to abandon them, and not to be deterred by many failures".[13] He concluded, hopefully, saying "I have succeeded in perfectly restoring three such cases," but cautioned that "… I performed upwards of thirty operations before success crowned my efforts".[13] Fistula surgery was not for the faint of heart.

The transformation of vesico-vaginal fistula repair from a desperate surgical gamble into an operation with a substantial probability of success began with J. Marion Sims. His operation—which involved placing the patient in a knee-chest or hands-and-knees position during surgery, paring the fistula edges with a sharp knife, closing the defect with fine silver-wire sutures, draining the bladder with an indwelling S-shaped metal catheter, and adhering to a meticulous regimen of post-operative care—was described in an 1852 paper published in the *American Journal of the Medical Sciences.*[14] The surgeon and medical historian Ira Rutkow has placed Sims's fistula paper "among the most influential ever written by an American surgeon".[15]

Although the various individual components of Sims's operation had been described previously,[16] Sims's program for surgical repair—described in his clear writing style and accompanied by numerous line drawings that took fellow surgeons through his operation step-by-step—revolutionized the treatment of vesico-vaginal fistula. The development of this successful operation for vesico-vaginal fistula in turn jump-started progress in the surgical treatment of many other gynecological disorders, which had been largely ignored by the medical profession. It was upon the foundations laid in discovering how to treat vesico-vaginal fistulas successfully that modern gynecological surgery—and particularly modern vaginal surgery—developed.[17-19]

### The Sims Statue in New York City

These were the reasons that members of the medical profession raised funds to erect a statue in Sims's honor after his death in 1883.[20] They regarded Sims as having opened the way for

the successful surgical treatment of conditions that previously had been regarded as hopeless. At the time of his death Sims was advocating for the creation of a specialist women's cancer hospital in New York City, a vision that later reached fruition in the form of the Memorial Sloan-Kettering Cancer Center, an outgrowth of the New York Woman's Hospital.[21]

To his medical contemporaries, Sims was a path-breaking innovator whose many contributions spurred the transformation of gynecology from a medical backwater into the vanguard of 19th century clinical practice. Sims was lionized by practitioners and patients throughout the United States and Europe, and by the end of his life he was dividing his time equally between both sides of the Atlantic. As surgeon James Wyeth wrote after Sims's death, "In New York, London, Paris, Brussels, Berlin, Vienna, Rome, Madrid, Lisbon, and St. Petersburg he found himself everywhere sought after, not only by the patients he could benefit, but by the leading members of his own profession, who were anxious to pay tribute to his wonderful genius".[22]

The Sims memorial statue was originally erected in New York City's Bryant Park,[23] but was later moved to a location in Central Park across from the New York Academy of Medicine[24] (Figure 2). The inscription on the statue's original pedestal in Bryant Park read "J. Marion Sims, MD, LLD. Born in South Carolina, 1813, died in New York city in 1883. Surgeon and Philanthropist. Founder of the Woman's Hospital of the State of New York. His brilliant achievements carried the fame of American Surgery throughout the civilized world, in recognition of his services in the cause of science and mankind he received the highest honors in the gift of his countrymen and decorations from the governments of France, Portugal, Spain, Belgium, and Italy".[24]

On the occasion of the dedication of the Sims statue in Bryant Park in 1894, Dr. George F. Shrady, editor of the *New York Medical Record*, confidently editorialized about Sims's legacy, declaring "Time has now so softened the asperities of criticism and calm judgment has so cooled the temper of envy that no one will now question his genius or doubt his talents".[25] Shrady turned out to be quite wrong. The prevailing view of Sims among the general public today is quite negative—and unjustly so.

What is contentious about Sims is the fact that his first operations to cure vesico-vaginal fistula were performed on young, enslaved African-American women in Alabama who had developed their injuries from prolonged obstructed labor. Sims gathered a group

**Figure 2.** The Statue of J. Marions Sims as it stood in New York City's Central Park, prior to its removal.

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of these women together on his property in Montgomery, where he maintained a small hospital for the treatment of enslaved patients. There, with this handful of fistula patients, Sims labored diligently for nearly three and a half years—from January, 1846, to June, 1849—trying to repair their injuries.[14,25-27]

A wave of political "wokeness" has surged across the United States as public awareness has grown regarding the country's pervasive and persistent racial and social injustices. There have been multiple protests over monuments and statues that had been erected in honor of past historical figures whose beliefs are now at odds with the current zeitgeist. Such protests are grounded in modern ideology and are often raised more for reasons of current political expediency than they are rooted in solid historical research and a deep understanding of the past. As the prescient British historian Herbert Butterfield wrote, "Real historical understanding is not achieved by the subordination of the past to the present, but rather by our making the past our present and attempting to see life with the eyes of another century than our own".[28]

## Ethnocentrism and Presentism

"Ethnocentrism" is the cardinal sin in social anthropology, defined by William Graham Sumner as the view "in which one's own group is the center of everything, and all others are scaled and rated with reference to it".[29] In ethnocentrism, Sumner wrote, "Each group nourishes its own pride and vanity, boasts itself as superior, exalts its own divinities, and looks with contempt on outsiders. Each group thinks its own folkways the only right ones, and if it observes that other groups have different folkways, these excite its scorn".[29] The ethnographer who seeks to understand another society must constantly be on guard against ethnocentrism—the hidden values and inherent biases that he or she brings to the field that can warp their interpretation of another social world.

In like fashion, "presentisim" is the cardinal sin of historical writing. Presentism is the view that one's own time (and culture) is the center of everything, and that all other historical time periods should be evaluated with reference to the present. Presentism sees today as the culmination of history, and looks down contemptuously on other times and places. If current assumptions are carried over uncritically into the evaluation of the past, the writing of history becomes nothing more than the projection of present grievances onto past actors. And if we start our investigation of the past with a sense of indignation or even outrage, that is all that we will see. Presentist historians—of which there are many—take special delight in pronouncing judgment upon previous eras rather than attempting to understand them as they were.

Mitch Daniels has wisely suggested that we spend "more time … trying to understand and empathize with those who struggled with harder problems than ours" and that if we did so this "might enable us to learn from their accomplishments as well as their mistakes, and look a little less absurd to our successors when their 'present' comes".[30]

We are living through an epidemic of presentism, and J. Marion Sims is one of its victims. It was Sims's great misfortune to have been born into, to have been socialized by, and to have learned the practice of medicine in a slave-holding society. Slaves and slavery were inescapable parts of the world in which he lived, and Sims accepted them without much questioning. Neither Sims nor his patients got to choose the times in which they lived, but his modern critics have been unable to forgive Sims for having been born in such circumstances, nor can they forgive him for having operated on enslaved patients who were victims of horrific childbirth injuries.[31-36] The fact that Sims's life circumstances associated him with slavery is unforgiveable in the eyes of his modern, presentist critics. For them, Sims must therefore be eradicated from the historical record in punishment for his alleged misdeeds.

## The *Damnatio Memoriae* of J. Marion Sims

*Damnatio memoriae*, or, "the condemnation of memory," is a Latin phrase used to describe the erasure from history of persons who have fallen out of favor. The phrase perfectly encapsulates the perspective of modern writers who view with contempt past figures whose opinions differ from their own. The term *damnatio memoriae* originates in the ancient Roman practice of attempting to erase the memory of enemies of the state after they had died and to penalize anyone who persisted in remembering those who had been thus exorcised. According to the *Oxford Classical Dictionary*, there was no "set package" of procedures utilized to erase the memories of those condemned; rather, a variety of punishments was inflicted upon the memory of the dead, including destruction or removal of their images, prohibition of the display of their images, erasure of their names from inscriptions, forbidding the perpetuation of their personal names within the family, and so on.[37] In modern times, these techniques have been amplified and perfected by Stalinist historians of Russia and like-minded academics who have succeeded in eliminating disfavored political figures from the contemporary historical record.[38]

In similar manner, J. Marion Sims is becoming the medical equivalent of J.K. Rowling's fictional Lord Voldemort: "He-who-must-not-be-named." Sims's name and images have been under assault for several years. His statue in Central Park was taken down from its pedestal and moved to storage at Green Wood

cemetery where he is buried.[39] Lectures given in Sims's honor have been eliminated by the American Urogynecology Society. The J. Marion Sims Foundation in his home town of Lancaster, SC, has been renamed the "Arras" foundation and his name has been stricken from the hospital there, to become the unwieldy "Medical University of South Carolina Health Lancaster Medical Center." The Sims women's dormitory at the University of South Carolina (formerly Columbia College, Sims's own alma mater) has had his name removed from the building, to become now only the "S" wing of a larger residence hall. Professorships in gynecology at the University of South Carolina and the University of Alabama-Birmingham that formerly bore Sims's name no longer do so. There are even efforts to get instrument manufacturers to rename the Sims vaginal speculum so that "Sims" is no longer uttered in clinical settings where such instruments are used!

Mitch Daniels noted that "Presentism's principal tributaries are a lack of knowledge and a deficient capacity for empathy"[30] – characteristics on full display among Sims's modern critics.[31-36] How might the story of J. Marion Sims's first fistula patients look, if rather than simply condemning Sims because these injured women were enslaved, we looked empathetically at their medical condition, understood how severely affected they were by it, and considered Sims in his role as a clinician who was trying to solve a complex problem for the benefit of his patients without any firm precedent to guide him in an era in which surgical technology was still quite primitive?

## J. Marion Sims and the Vesico-Vaginal Fistula

Sims was born in South Carolina in 1813, attended Columbia College (now the University of South Carolina), and studied at the Charleston Medical College before transferring his studies (as was common practice in early 19th century medical education) to the Jefferson Medical College in Philadelphia, where he graduated in 1835.[1,2] His initial attempt to set up practice in his home town of Lancaster, SC, was a dismal failure: his first two patients—both sickly infants with diarrhea—died. Distraught, discouraged and depressed, Sims struck out for Alabama to make a new start on the western frontier. He soon discovered that he had a knack for surgery and a bedside manner that patients found attractive. Within a few years he was the most successful surgeon in Montgomery, Alabama. As he later wrote, "I was the first man at the South that had ever successfully treated club-foot. I was also the first man that had ever performed an operation for strabismus, or cross-eyes. At the end of five years, I had established a reputation as a judicious practitioner and as a skillful surgeon, and was getting as much as I could do".[27]

In the summer of 1845, quite by chance, Sims encountered three young enslaved women—named Betsey, Lucy, and Anarcha—all of whom had recently delivered following prolonged obstructed labors and all of whom had developed a vesico-vaginal fistula.[26,27] Vesico-vaginal fistula was not a condition that Sims had ever seen before. He examined each woman, read what he could find on the subject of fistulas—including the treatise by Henry Earle—and sorrowfully told each one of these patients that nothing could be done. They were incurable. They would each have to return home and manage their lives as best they could.

After a chance emergency in which Sims performed a pelvic examination on a woman positioned on her hands and knees, he suddenly realized that if he were to perform a similar exam on a fistula patient with a speculum in place to elevate the perineum away from the vaginal canal, the air would rush in, distending the vagina and making the fistula fully visible to the examiner. Because lack of adequate exposure of the operative field was one of the huge obstacles to closing a fistula successfully, Sims realized that fistula closure—which he had heretofore regarded as impossible—might be achievable after all.

Fresh with this insight, Sims rushed back to his hospital where the last of the three fistula patients—a young woman named Lucy—was preparing to return home. Sims asked to examine her again and, with the aid of two medical students who were "reading" medicine with him in his office, he put Lucy in a hands-and-knees position, bent a pewter spoon into a crude right-angled speculum, lifted her perineum upwards to open the vaginal fourchette, and looked inside. Lucy's vagina distended as he had hoped, and Sims was able to see the vaginal canal and the entire fistula "as accurately as if it had been cut out of a piece of plain paper".[27] Prior to this serendipitous insight, Sims had believed—as did almost all the clinicians of his day—that large fistulas in which sloughing of the surrounding tissues had occurred—such as Lucy's fistula--were incurable. Sims had been unwilling to subject the enslaved women to futile surgery when he believed they were incurable. But now, Sims concluded that such injuries might be reparable after all. "I said at once," he recalled, "Why cannot these things be cured? It seems to me that there is nothing to do but pare the edges of the fistula and bring it together nicely, introduce a catheter in the neck of the bladder and drain the urine off continually, and the case will be cured".[27]

Sims decided to try to help these women. He kept Lucy in Montgomery. He wrote to the slave-owners who held Betsey and Anarcha, saying that he had changed his mind. Full of hope and enthusiasm, he was now willing to undertake their care. As he later wrote in the *New York Medical Gazette*, "…I was fortunate

in having three young healthy colored girls given to me by their owners in Alabama, I agreeing to perform no operation without the full consent of the patients, and never to perform any that would, in my judgment, jeopard life, or produce greater mischief on the injured organs—the owners agreeing to let me keep them (at my own expense) till I was thoroughly convinced whether the affection could be cured or not".[40]

Sims was overly sanguine about his prospects for success. He initially thought he would cure them all in a matter of six months.[27] As it turned out, it took him three and a half years. He operated on Lucy, Betsey, and Anarcha upwards of 40 times before he closed their fistulas;[14,40] but he always acknowledged his debt to "the heroic fortitude of my patients … for an operation by which nine tenths of all cases of this hitherto intractable affection may now with certainty be cured".[40]

How should these historic events be understood?

## Unjustified Presentist Assumptions about Vesico-Vaginal Fistula

The attacks on Sims by presentist writers for not having practiced medicine according to their own personal 21st century values, are based upon a series of unquestioned assumptions. Because they have no experience with the kind of destruction that may be produced by obstructed labor, these writers all assume that a vesico-vaginal fistula is a kind of "tear" and that a fistula must therefore be similar to the sorts of simple perineal lacerations that often occur with vaginal delivery. These writers thus begin their criticisms of Sims by trivializing the injuries his patients experienced.

Having trivialized the injury, they then minimize its consequences. These writers assume that the incontinence associated with a fistula is the same as the relatively common, mild stress incontinence that may develop during pregnancy or after childbirth in which a few drops of urine are lost with vigorous coughing, sneezing, or other kinds of straining. These writers assume that a fistula is a trival complaint, unworthy of surgical attention.

Sims's presentist critics then assume that because these women were enslaved, they were unwilling participants in Sims's attempts to repair their fistulas. They further assume that because Sims's patients were enslaved, these women exercised no agency of any kind in their interactions with him. They are portrayed as entrapped, brutalized "laboratory rats" on whom Sims experimented for his own purposes.

None of these assumptions is correct.

Obstetric vesicovaginal fistulas are not "tears;" they are the result of crush injuries to the soft tissues separating the bladder from the vagina. The crush injury occurs over a prolonged period of time when the fetal head is trapped in the birth canal during obstructed labor (Figure 3). Here the trapped fetal skull is pressed relentlessly against the laboring woman's pelvic bones by the uninterrupted contractions of her laboring uterus. Eventually this pressure shuts off the blood supply to the soft tissues trapped between the two boney plates, leading to necrosis, sloughing, and the creation of gaping tissue-defects between the bladder and the vagina, and to continuous, uncontrollable loss of urine around the clock (Figure 4). For the women victimized by this injury, the consequences were horrific.

## The Plight of the Fistula Sufferer, Then and Now

The 19th century German surgeon Johannes Dieffenbach was one of the most empathetic observers of the plight of the woman with a vesico-vaginal fistula. In a memorable and often-quoted passage, he wrote: "The inconveniences resulting from vesico-vaginal fistulae are of the most deplorable kind. Those connected with the married state do not require explanation. The constant

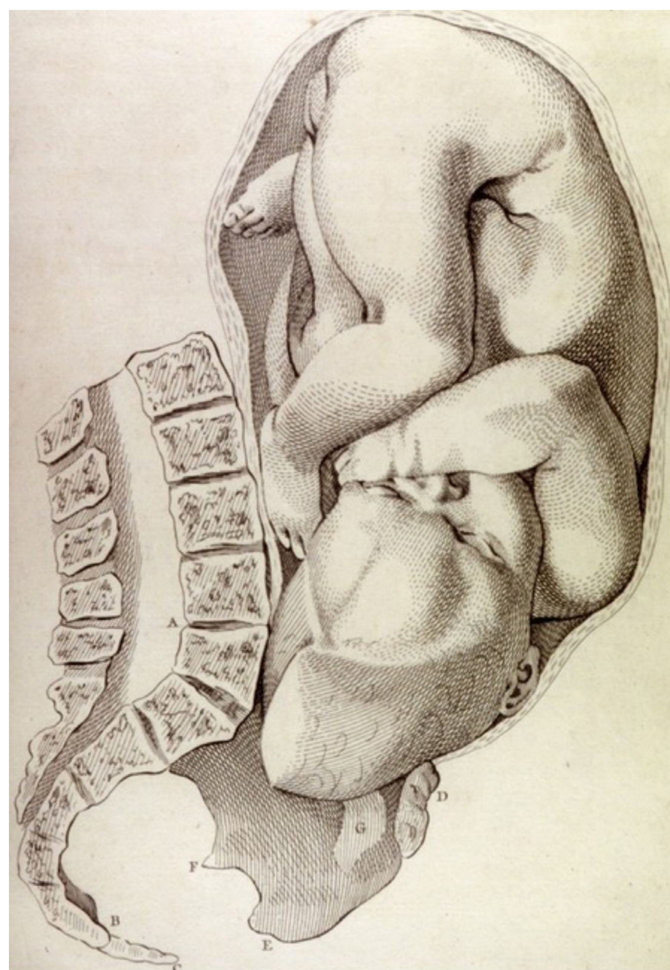


**Figure 3.** Obstructed labor from absolute cephalo-pelvic disproportion. From William Smellie, A Sett of Anatomical Tables, London: 1752 (public domain)

passage of the urine into the vagina must necessarily produce considerable irritation, and even inflammation; the external genital organs, the perineum, insides of the thighs, and legs, are exposed to the same injurious actions; the skin assumes a bright-red colour, and is partially covered with a furuncular eruption. The patients complain of a most disagreeable burning and itching sensation, which often compels them to scratch themselves until the blood comes forth, and thus aggravate their sufferings. Others are obliged to shave off the hair from the external organs, which are sometimes covered with a calcareous deposit from the urine. Frequent washing with cold water is of little avail, since the linen is quickly saturated with the fluid which escapes. Position avails little, and the bed, even when consisting of a hair-mattress, is quickly soaked through, and emits a most disagreeable odour; the wretched patients themselves are compelled to pass their lives on a straw-bed, the materials of which are changed every day. The air in the chambers of such patients acts injuriously on their lungs, and wherever they go they taint the atmosphere. Washing and inunction are attended with no advantage. Perfumes only increase the disgusting effect of the smell. This unhappy accident breaks through all family ties; the most tender-hearted mother is driven from the society of such an afflicted child; she is confined to a solitary chamber, or sits on a perforated stool of naked wood, or a plank, with an open window to the apartment, unable to cover the seat with any cloth. Some of these unhappy patients fall into a state of indolence; others present a stupid resignation; while others would willingly resign their lives to get rid of the misery which surrounds them".[41]

This was the situation in which Sims's patients found themselves in 1845, and this is how they would have lived for the rest of their lives unless someone repaired their injuries.

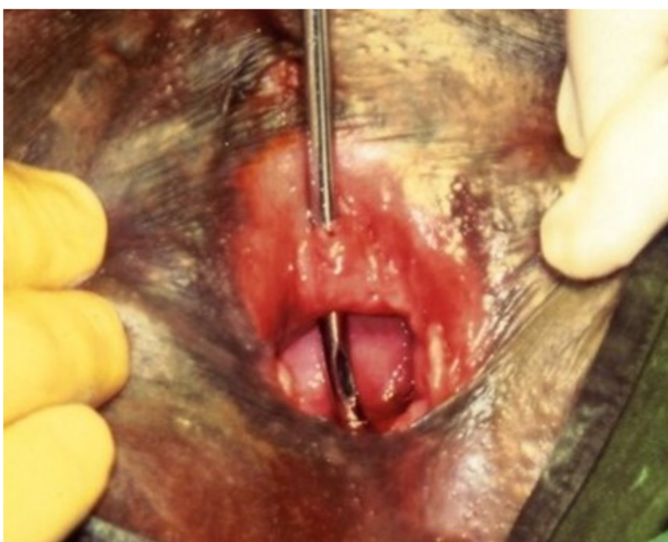

**Figure 4.** A vesico-vaginal fistula from obstructed labor

Photo by the author, with permission

In addition to Betsey, Lucy, and Anarcha, Sims found several other enslaved women with fistulas who "had been hidden away for years in the country because they had been pronounced incurable".[27] These women were all utterly alone and miserable, having been abandoned to live out the rest of their days marinating in their own excrement, without hope of relief. Almost anything would have been better than this. Modern writers from comfortable middle-class backgrounds who have had the advantages of giving birth with the assistance of trained attendants and effective interventions in those cases in which deliveries go awry, do not understand how the constant, unremitting urinary leakage dominates every waking moment in the life of a woman who has a vesico-vaginal fistula. It is an unrelenting "water torture" that gradually drives the fistula victim to despair, sometimes even to suicide. A vesico-vaginal fistula would have dominated the life of an enslaved woman even more than her condition of servitude. Every other consideration in life is pushed to one side for the woman who has a vesico-vaginal fistula.

Dr. George Hayward, the famous Boston surgeon who was the first to report the successful closure of a vesico-vaginal fistula in North America, knew well the suffering of the fistula patient. One of his early fistula cases was a woman of about 30 years of age, the mother of several children, whose last pregnancy had ended with prolonged labor and a vesico-vaginal fistula. She was so desperate for cure that she travelled over 1,000 miles to see Hayward—no small feat in 1840.[42]

Hayward reported that "No means that had been adopted, had had the slightest effect in controlling the continual flow of water, and the consequence was that her limbs, from the upper part of the thighs to the knees, were inflamed, excoriated, and extremely sensitive. Under these circumstances, she made the journey with the greatest difficulty, but so loathsome was her condition, that she was ready to make any sacrifice, if by so doing she had the least chance of relief".[42]

Upon examining her, Hayward found that "a large portion of the bladder had sloughed off, so that in fact there was no receptacle for the urine".[42] This was a terrible case. "I told her," recounted Hayward, "that I considered the case very unfavorable for any operation, and that the prospect of benefiting her was almost hopeless".[42]

Undeterred, this suffering woman looked Hayward squarely in the eye, and responded without hesitation. "She replied," Hayward recalled, "that her life was a burden to her as it was; that she would take any chance, however small, and incur the greatest risk rather than remain in her present condition".[42]

Hayward, like Sims in his own later cases, resolved to try to cure this patient. Hayward operated on her six times, each time reducing the size of the defect in her bladder, until finally only a tiny opening remained. She was not "cured"—for she still had a fistula—but the leakage diminished greatly. The excoriation on her skin went away, her health improved, she could walk again—and she even began to ride horseback. She also subsequently became pregnant and gave birth again (without further obstetrical disaster). "Her condition was entirely changed," Hayward reported; "life was no longer burdensome, and she was rendered by these operations a happy and useful member of society".[42] In the 1840s, this was a surgical triumph, even though technically the fistula was not completely repaired.

Hayward's case was not unique then; nor is it unique now. There are millions of women—poor women of color in impoverished countries—who suffer with fistulas today.[7,9,10,43] These women understand the reality of living with a fistula, even if middle-class academic critics in wealthy countries do not. As Drs. Reginald and Catherine Hamlin—who together founded the Addis Ababa Fistula Hospital for Poor Women with Childbirth Injuries and who had more combined experience with fistula patients than any two surgeons in history—wrote, the fistula sufferer is reduced "to the ultimate state of human wretchedness." They said, "Constantly in pain, incontinent of urine or faeces, bearing a heavy burden of sadness in discovering their child stillborn, ashamed of a rank personal offensiveness, abandoned therefore by their husbands, outcasts of society, unemployable except in the fields, they live, they exist, without friends and without hope".[44] Reginald Hamlin called these determined and hopeful women "fistula pilgrims".[45] He marveled at the lengths to which they went to make their way to Addis Ababa, journeying hundreds of miles over weeks or months—sometimes even years—in search of a cure for their loathsome condition. They would let nothing stand in their way. Other authors have reported the same thing many times over.[46-54]

Sims's patients were no different.

## Inadvertently Creating A "Sisterhood of Suffering"

In bringing these enslaved patients together as a group in his hospital, Sims inadvertently created a powerful "sisterhood of suffering." It is doubtful that he could have foreseen the remarkable social changes that took place among these women as the result of his bringing them together in this way. Rather than being alone and isolated out in the countryside where they knew no one with a similar malady, these women were unexpectedly brought together into community in Montgomery. Probably for the first time in their lives, they found fellow-sufferers who understood exactly what they were going through, who sympathized with and supported them, who would not turn away in disgust because of their condition, who would care for one another with empathy and compassion. This was psychologically transformative. This phenomenon is seen repeatedly today in African fistula centers where such women are brought into community with one another.[8,45,48]

During his initial attempts at fistula repair, Sims had the assistance of many physicians from the surrounding community. Although he was able to dramatically reduce the size of the fistulas, he did not manage to close them completely, though he made many attempts using different techniques. Sims's later operations were small affairs—he was attempting to close tiny, refractory holes, not operating on the large, dramatic defects that had originally excited the attention of his medical colleagues.[14] The other doctors could not be bothered to take time from their busy practices for such minor procedures, so Sims enlisted the help of the patients themselves, training them to serve as surgical assistants as he operated on each one of them in turn.[26,27]

No one had more invested in Sims's success than did his patients. Everything that made life worth living was on the line for them. They were fully aware of the ghastly nature of their injuries. They understood what Sims was trying to do and what it would mean if he succeeded. They had seen large defects in the vesico-vaginal septum reduced to tiny openings, and they knew how near he had inched towards ultimate success. It is no surprise that when Sims became depressed at his persistent failures and stopped operating as he tried to figure out what to do, that his patients begged him to continue. He recalled that they were "clamorous" in their demands that he persevere, begging him to 'try only one more time" to repair their injuries.[26,27] For anyone who has extensive experience with modern fistula patients, these statements ring true.

Margaret Murphy, one of the first social scientists to investigate the lives of African fistula patients in the 20th century, wrote about her experiences with these women at the fistula center on the grounds of the Ahmadu Bello University Teaching Hospital in Zaria, Nigeria, saying: "Many practical difficulties in gaining treatment are experienced by these patients. Their low socioeconomic status and the long distances to be travelled for treatment impose hardships even in reaching the hospital. Their offensiveness to others makes travel on public transport difficult, and they are seldom accompanied and protected by their husbands, unlike other patient groups. Their only chance of again leading a normal life is by surgical repair, and once they know this, they are strongly motivated towards seeking treatment; they overcome incredible obstacles to obtain it. Once they reach hospital there are further problems. Hospital officials and the general public may grumble about the tenacity

with which such patients wait around the hospital for treatment, forced to beg for food, unacceptable in their own communities. Their reluctance to leave, until they are cured, the one place that offers them hope for the future is understandable".[53]

In this, Sims's first patients were no different than their modern African sisters.[8,44-54]

The terrible legacy of slavery still haunts America in the 21st century, but attacking J. Marion Sims for having operated on enslaved women with fistulas does not right perceived past wrongs. It only ignores the epidemic of vesico-vaginal fistulas in poor countries today.[8,10,11,43,45,46,48-50] Within the context of their time and the structure of their society, J. Marion Sims and his enslaved patients together solved one of the great challenges of 19th century surgery. How that was done then does not meet our ethical standards today, but Sims should be judged by standards that he knew and to which others expected him to adhere in his own time, not by our conceptions nearly 200 years later. Indeed, much of what we do now will likely not pass muster in light of the ethical standards 200 years in the future. We must do the best we can with the understanding and expectations at our disposal.

Sims's fistula operations were lawful according to the legal system of his day; were done for the direct therapeutic benefit of his patients; were carried out with his patients' knowledge, cooperation, and assent; and met the ethical expectations of the medical community in which he practiced.[55] Sims himself always recognized the contributions that his enslaved collaborators had made towards their conjoint surgical success. At the end of his 1857 lecture on "Silver Sutures in Surgery," Sims hailed "the indomitable courage of these long-suffering women," and said that it was their "persevering efforts" "more than… any…other single circumstance," that had led to the success of his surgical regimen.[26]

Millions of oppressed women in poor countries are still victims of untreated obstructed labor today, but Sims's modern critics are deafeningly silent about this epidemic of preventable obstetric suffering and the hideous childbirth injuries it produces. By comparison, Sims knew firsthand what such injuries meant for the women of his times, and he worked to alleviate their suffering. Rather than condemn Sims for not holding modern progressive values, we would do better to use the present-day experiences of obstructed labor among poor women in poor countries to understand what life was really like in Alabama 175 years ago. Through the modern-day suffering of fistula victims in Africa and Asia, we have the tools (to paraphrase Herbert Butterfield), to make the past our present and to see life with the eyes of another century than our own. In this way lies true understanding, enhanced empathy, and the possibility that we can change things for the better.

## ETHICS

**Peer-review:** Both internally and externally peer-reviewed.

## DISCLOSURES

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