



In defense of J Marion Sims

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Report by William Neuman, New York Times, April 16, 2018: *"The statue commemorating Dr. J. Marion Sims will be removed from Central Park on Tuesday morning and relocated to Green-Wood Cemetery in Brooklyn, where he is buried.*

It was the first decision to alter a prominent New York monument since Mayor Bill de Blasio called for a review of "symbols of hate" from city property."

J. Marion Sims, perhaps the greatest surgeon of the nineteenth century, the discoverer of the methodology for obstetric fistula repair [1], is now "a symbol of hate." Sims's stellar reputation has been brutally assassinated, buried and airbrushed from its rightful place in medical history, not by examination of the facts, but by using the racist slur for apparent political gain.

But to continue replying in emotive terms is not the aim here. Slightly misquoting Shakespeare's Marc Antony, "We come to disinter J. Marion Sims, not to praise him;" not with emotion, but with facts.

How to counteract this ignorance? First we need to state the human scale of Sims's achievement. He discovered a way of curing obstetric fistulas. Even today, more than 2,000,000 women in Africa alone suffer from obstetric fistulas [2]. These women undergo a prolonged painful birth, which is almost invariably "rewarded" by a dead baby. They leak urine and sometimes feces day and night. Most become outcasts from

their family, their society, their village. Was it different in Sims's day? Not really. Certainly his patients were black women, slaves, but there were also white women whom he cured. All were human beings with a vile problem. Today up to 95% of these fistula problems can be cured thanks to Sims discoveries, which on any assessment are hardly "a symbol of hate."

Was he performing "experiments" or was he observing his Hippocratic Oath, which all physicians in that era swore to observe? One accepted definition of an experiment is "a test done in order to learn something or to discover if something works or is true" (*Cambridge language dictionary*).

Is it experimentation to proceed to a surgical cure when the surgeon fully understands the functional anatomy of the area, where the problem is, how wound healing works and, above all, the principles of restorative surgery, which Sims clearly did? I do not think so.

Did he have informed consent?

Writing in the New York Medical Gazette and Journal of Health in January 1854, for example, Sims declared:

For this purpose [therapeutic surgical experimentation] 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. (3,4)

Why did he persist?

In a passage in his autobiography that his modern critics have apparently not understood, Sims wrote that at a time when he

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had stopped attempting surgery on these women because of his repeated failures and was wondering how best to proceed, they “clamored” for operations, insisting that he keep trying to cure their injuries [3].

But also because he had obviously worked out where the problem lay. He knew what had gone wrong with the anatomy and how to fix it. He had to separate the cavity of the bladder from the cavity of the vagina. He needed to divide the scar tissue, suture the bladder wall, suture the vaginal wall and, above all, find a suture material that did not break down during the wound healing process. That was the problem. The suture needed to stay secure for the 6–8 weeks it took for the separated restored tissues to heal and not break down and rejoin as a fistula.

Why did Sims say there was not much pain? The worst charge was that Sims did the surgery with no anesthetic. The earliest anesthetic agents were being introduced and experimented on in isolated incidences at that time. Its use was a long way from being accepted as the norm, and it was not even published until about a year after Sims published his first successes [3]. That said, Sims himself observed that there was not much pain. Was Sims lying? Anyone who has performed any surgery on the vagina, even a TVT under LA, will know that, except for the distal 1 cm, the vagina is viscerally innervated. It is sensitive to squeezing and crushing. Unlike a somatic innervation, it is possible to penetrate the vagina with a needle, even to cut it, with little reaction from the patient.

Our view is that Sims knew about this visceral innervation. If he was gentle with the tissues (and he had to be given the primitive conditions of that era, light, instruments, etc.), it would be possible to perform such operations with tolerable pain. The proof of this was that he actually trained his patients to assist in the operation [3]!

Trashing Sims’s priceless gift to the fistula sufferers of this world for cheap political gain, using the racist slur of exploitation of American-African slave women, is the ultimate of ironies, for most of the sufferers today are African women.

Compliance with ethical standards

Conflicts of interest None.

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