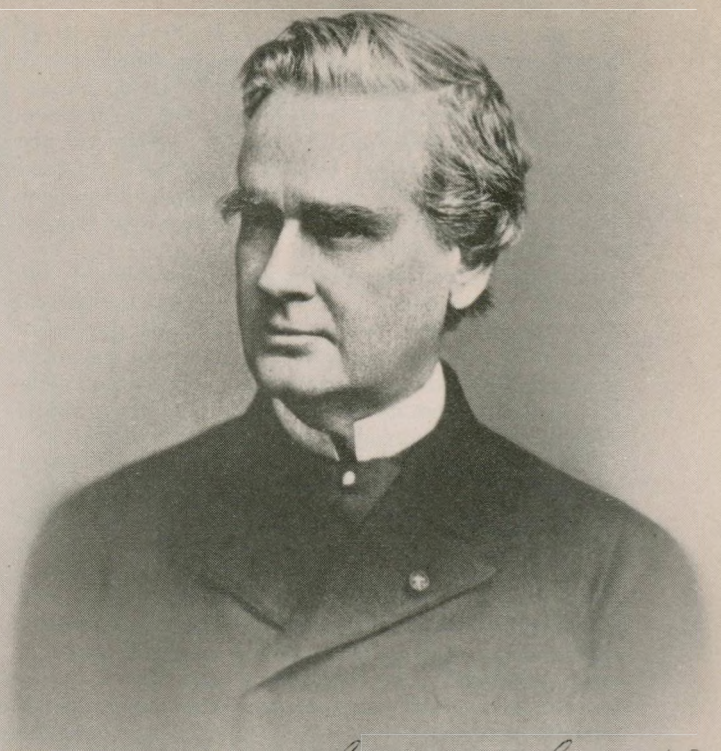
Savior OF Women



MD ANNIVERSARY

J. Marion Sims M.D.

▪ Born on a poor farm in a backward rural community in South Carolina 150 years ago was a man who brought incalculable relief to suffering womankind, and who in effect became the father of modern gynecology.

James Marion Sims was born on January 24, 1813, the son of a farmer with a taste for fox hunting, cock fighting and billiards, who had no schooling until he was 23, became a bookkeeper, surveyor, county sheriff. Mahala Sims bore eight children, of whom Marion was the eldest, survived until 40 the rigors of a pioneer housewife's existence.

Against his own protests that a classic education would cost too much, Marion's parents sent him to the newly established high school in nearby Lancaster, then to the college in Columbia, South Carolina to prepare him for a career in the law.

When he was graduated in 1832 he mortified his father by announcing that instead of law he would study medicine. Protested the father: "There is no science in it. There is no honor to be achieved in it; no reputation to be made."

Following a few months' study with a local surgeon (Dr. Churchill Jones), Sims took a fourteen-week course in Charleston Medical School where he showed greatest interest in anatomy and dissection. His fellow students elected him valedictorian but he declined the honor because he lacked confidence in his ability to write or deliver the address. He completed his formal medical education by taking the six-month course at Jefferson Medical College in Philadelphia, founded by Dr. George McClellan,* a bold innovator in surgery who encouraged young Sims by often choosing him as assistant in the clinic.

The young graduate returned home in May, 1835, opened an office stocked with a full set of surgical instruments and medicines bought in Philadelphia, a medical library of seven volumes, a 2-foot tin sign.

*His son became chief commander of Union Army in the Civil War.

After examining his first patient, an 18-month-old child suffering from persistent diarrhea, he hurried back to his office, read through the article on *cholera infantum* in the volume of Eberle on *Diseases of Children*, found a prescription which he compounded and administered to the child. Finding the baby unimproved on his second visit, he turned to the next chapter in Eberle from which he extracted another prescription, continued to change chapter and prescription for several days, until the baby died.

For his second patient, a baby suffering from the same complaint, Dr. Sims reversed his procedure, began with the final chapter of the treatise and worked his way forward, with no different result. After the death of the second infant he tossed his sign into a well, left town to make a new start in the west.

Passing through wild country occupied by Indians, he settled in Mount Meigs, Alabama; there he acquired clinical experience by making the rounds with a local physician, Dr. Childers, who bled all patients showing the least sign of fever. Recalled Sims later: "The practice at that time was heroic; it was murderous. I knew nothing about medicine, but I had enough sense to see that doctors were killing their patients; that medicine was not an exact science; that it was wholly empirical, and that it would be better to trust entirely to nature than to the hazardous skill of the doctors."

His success in draining an abscess by plunging a bistoury in the abdomen of a patient first established his reputation as a surgeon. During the summer of 1836 the Mount Meigs area was ravaged by malaria, for which the common treatment was to bleed patients, administer tartar emetic and fever mixtures every two hours. At the end of the summer Sims was stricken, refused to be bled, recovered after receiving a dosage of brandy and quinine from a visiting pharmacist whom he credited with saving his life.

He returned to Lancaster, South Carolina, married

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Theresa Jones, the daughter of a local physician, set up housekeeping in a one-room log cabin in Cubahatchee, Alabama. Lured by the dream of a quick fortune through a partnership in a large new clothing business in Vicksburg, Mississippi, he sold the cabin, but the venture collapsed before he could depart; he resettled in another house in Cubahatchee, enjoyed for a few years a pleasant life as a country physician who bagged game while making his rounds.

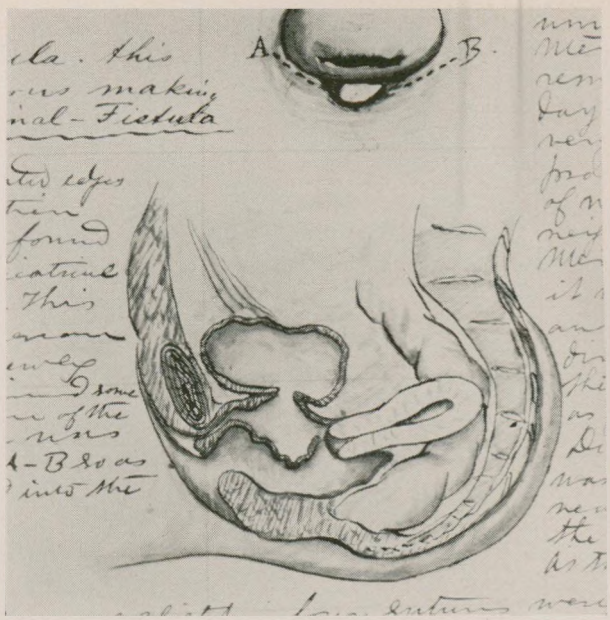
A malaria epidemic which nearly cost him his life induced him to move in 1840 from the swampland to Montgomery, where he enhanced his reputation as a surgeon by performing the first operation in the south for strabismus, the first successful treatment of club-foot in that region, as well as a bold venture in plastic surgery which improved a young woman's harelip.

Sims encountered his first case of vesicovaginal fistula in 1845, called in by a colleague in the case of a 17-year-old slave, Anarcha, in her third day of labor. He successfully delivered the child with forceps, but was again summoned five days later to examine a rupture in the bladder. After studying the available literature on vesicovaginal fistulas, he told the slave girl's master that nothing could be done for her medically and that she would remain a permanent invalid. On the same ground he also turned away two other young Negro women, Betsy (also apparently injured by protracted labor) and Lucy.

About to return Lucy to her owner, he answered an emergency call from a woman who complained of pressure on the bladder and rectum after being thrown from her horse. Using the treatment for fallen uterus recommended by Dr. Prioleau in his lectures at Charleston Medical School, he pressed the uterus back into its normal position by using his fingers through the vaginal canal. The loud rush of air expelled from the vagina immediately afterward suggested a new approach to vesicovaginal fistula: use of atmospheric pressure to dilate the vagina and permit adequate exploration and treatment of the fistula.

In his small private hospital in his own backyard he reexamined Lucy, flanked by two students who held the labia while he inserted a pewter spoon to afford a clear view of the fistula.

Site of Dr. Sims' office in Montgomery, Alabama, from 1840 to 1853. Hospital where he first operated for vesicovaginal fistula stood in a corner of the yard behind.



Drawing of a vesicovaginal fistula and notes of an operation performed by Dr. Sims in 1860 to repair it were entered in his notebooks by Dr. Emmet, his assistant.

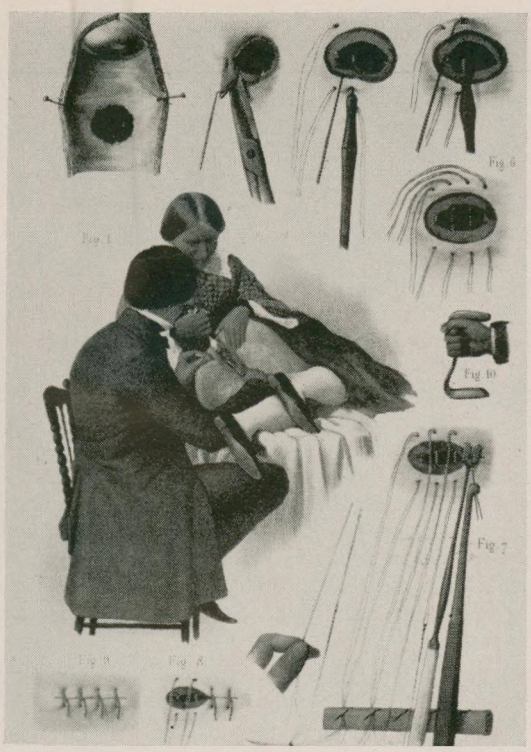
Sims now prepared to operate on Anarcha, Betsy and Lucy, sought out other cases throughout the countryside, undertaking to meet out of his own pocket all expenses of treatment except the cost of clothing and taxes, which were to be borne by the slaves' masters. In preparation for his ambitious enterprise he had his small hospital enlarged from eight to sixteen beds (twelve for patients, four for servants to care for them), ordered instruments which he specially designed, including a silver speculum adapted from the original pewter spoon.

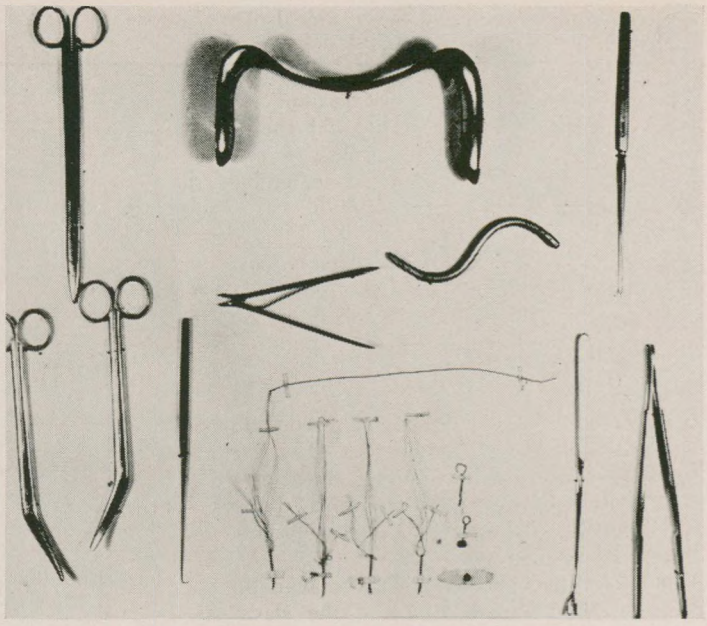
Surrounded by the leaders of Montgomery's medical profession, Sims operated first on a two-inch fistula in Lucy, which he sutured with silk thread after scarifying the calloused edges. Accepting the prevalent view that it was impossible to keep a catheter in the bladder, he inserted a small piece of sponge in the neck of the bladder to draw off the urine during the healing of the fistula, but the sponge hardened and became imbedded, causing extreme inflammation in the urethra and bladder. Examination ten days later showed that the large fistula had disappeared but two small holes remained.

For the operations on Anarcha and Betsy, Sims devised a catheter which remained in place, but the surgery in each case failed to effect a repair, small holes remaining along the line of the suture. In further operations he improved his procedures constantly (including the position that now bears his name), but remained balked in his efforts to find a way of tightening the sutures sufficiently.

As the experiments dragged on for years, medical colleagues lost interest in the seemingly hopeless undertaking, but Anarcha, Betsy, Lucy and their fellow sufferers stood staunchly by Dr. Sims, served as his assistants, heroically submitted again and again to the ordeal of surgery (Anarcha alone underwent 29 operations), made bearable only by heavy doses of opium.

Frustrated after four years of experiment, Dr. Sims hit on a new device, passing the suture threads through





Drawing, left, of Dr. Sims repairing a vesicovaginal fistula was made under his direct supervision. Above are Dr. Sims' original instruments preserved at Woman's Hospital.

perforated bird shot pellets to achieve maximum tightness, then compressing the hole in the shot with a forceps to prevent slippage, but the ligatures still left minute openings in the swollen tissue. Since the sutures could not be drawn tighter, he sought a better suture material, replaced the silk thread with lead already tried by Mettauer, but found that lead always broke when twisted by the forceps. He then tried silver wire drawn about as fine as a horsehair; the thirtieth operation on Anarcha in 1849 sealed the fistula completely.

Six weeks after this success with the silver sutures Sims collapsed, became virtually incapacitated by chronic diarrhea,* which reduced him to a skeletal 90 lb.; after four years of desperate trips through the South and to major cities in the North in search of a cure, Sims and his family in 1853 abandoned Montgomery for New York, convinced that the city's pure water supply offered the best chance of survival. His wife took in boarders to help support the family while her husband slowly recovered the strength to try to establish a new practice.

Publication of his article on treatment of vesicovaginal fistula a year earlier had familiarized the medical profession with Sims' name, but the initial response was skeptical, and no surgeon had yet performed the operation in New York at the time of his arrival in the fall of 1853.

On the invitation of colleagues he gave a successful demonstration, found that fellow surgeons quickly adopted his methods but left him shut out of practice, without a hospital where he could operate. To gain a foothold he enlisted the support of leading laymen and newspaper editors for a new project, the founding of the Woman's Hospital, the first institution of its kind, which opened in May, 1855. Wrote he: "The Woman's Hospital from the day it opened had no friends among the leaders, among hospital men. I was called a quack and a humbug, and the hospital pronounced a fraud. Still it went on with its work."

After seven years of practice in New York which made him affluent, the now noted surgeon went to Europe in 1861 for a rest and to study hospital plans adaptable to the expanding Woman's Hospital. He successfully performed the first operation for vesicovaginal fistula ever seen in Dublin, suffered a setback when he lost a patient in a second demonstration in London, went on to his greatest triumph in Paris. There in the presence of the city's most distinguished professors of surgery, Velpeau, Nélaton, Ricord, Malgaigne, in the operating theatre of the famed old Charité hospital, he successfully sutured the fistula of a young woman on whom France's leading authority, Jobert de Lamballe, had operated 17 times.

The personal surgeon to King Leopold invited Sims to Brussels, where he was the guest of honor of the Belgian Medical Society, which recommended him for the Belgian Legion of Honor; the government withheld the distinction after the American minister protested that it would offend the United States if an avowed Confederate sympathizer were so honored.*

Faced with brilliant prospects in Europe and a painful situation at home, in 1862 Sims brought his family to Paris to remain until the end of the Civil War. Through the recommendation of a colleague he became attending physician to the Princess Marie, Duchess of Hamilton, a confidante of Empress Eugénie. As the guest of the empress for several weeks at the palace of St. Cloud during the summer of 1863, the princess had her physician installed in the palace, where he also treated the empress (he discreetly refrained from divulging the nature of her malady), for which France made him Commander of the Legion of Honor.

In treating another royal patient, the Crown Princess of Saxony, he twice made the 600-mile trip from Paris to Dresden for examination, surgery and after care. When he submitted a bill for $10,000 for his services, Prince Albert, whose exchequer had been drained by the cost of keeping his tiny kingdom out of the clutches of Bismarck, sent a message through his envoy in Paris complaining that the charges were excessive.

By the publication, first in *Lancet* in 1864, then in book form in English, French and German, of his *Clinical Notes on Uterine Surgery*, Sims broadcast the

*Presumably amebic dysentery.

*He finally received the award in 1880.

Rare photograph of the Anglo-American ambulance corps of the Franco-Prussian War taken at Sedan, September, 1870. Dr. Sims, its surgeon-in-chief, is on horse.

bold explorations at the Woman's Hospital in the surgical treatment of dysmenorrhea and sterility.

His forthright accounts, particularly of his experiments in artificial and instrumental insemination, had a shocking impact on Victorian England, brought charges of violating female modesty and standards of decency.

In the Franco-Prussian War, Sims served as surgeon-in-chief of the Anglo-American Ambulance Corps, set up a 400-bed hospital near the front on the eve of the Battle of Sedan, in which he used for the first time absorbable catgut ligatures sent to him by his friend Professor Joseph Lister. In the light of his experience at Sedan the surgeon drew the conclusion, which he later presented before the New York Academy of Medicine, that the prevailing fatality in abdominal wounds could be substantially reduced by opening the peritoneal cavity and washing out or draining the septic fluids.

When the ambulance corps was disbanded the surgeon returned with his family to New York, resumed his work at the Woman's Hospital, where young surgeons flocked to witness the procedures they had read about in his textbook. He came into open conflict with the hospital's board of women governors because of his insistence on admitting cancer patients, who were barred as an alleged threat to the well-being of other patients, and his vehement opposition to the new limit, ostensibly imposed for the sake of order and quiet, of fifteen observers in the operating theatre. At the annual meeting in 1874 he openly criticized the board, a few days later resigned; within a few months he received a vote of confidence from the medical profession by being elected president of the American Medical Association.

During the following years, somewhat marred by recriminations with former colleagues at the Woman's Hospital, Sims traveled constantly between fashionable Newport, New York and European capitals, prepared notes for a book on gynecology which he never found time to write, opened a new chapter in gallbladder surgery in Paris in 1878 by performing a cholecystotomy. Although the patient died, Lawrence Tait reported to the International Medical Congress in London in 1881 that he had succeeded in five cases.

Still abroad when President Garfield was shot in the abdomen, Sims, in response to a cabled request from America for advice on treatment of the wound, replied: "If the President has recovered from the shock, and if there is undoubted evidence that the ball has transversed the peritoneal cavity, his only safety is in opening the abdomen, cleaning out the peritoneal cavity, tying bleeding vessels, suturing the wounded intestine, and treating the case as we would after ovariotomy, using draining or not as circumstances require." His advice was not followed; newspapers criticized a gynecologist for meddling in another field.

Personality. In his memoirs Marion Sims describes a youth so exemplary that his mother expected him to enter the ministry. He had a constitutional intolerance for alcohol which he first discovered at 9 when he took two tablespoons of Madeira wine during a Fourth of July celebration and fell dead drunk. Further experiments with a single glass of Madeira during college led to similar results; he never again touched alcohol.

Given to superstition, he regarded 13 as his lucky number, pointed out that he was born in 1813, left Lancaster for Alabama on the 13th, arrived in New York on the 13th.*

Impulsively generous, he offered his slaves the choice of freedom or a new master of their own choosing when he moved from Montgomery to New York. He devoted a large part of his time to treating indigent women, assisted Americans who were made destitute in France when their funds were cut off by the Civil War.

Although he enjoyed fashionable social life, he remained strongly attached to his family. His wife gave birth to five girls, four boys, of whom one, Merry Christmas Sims, died at three. Two other sons, Harry and Granville, studied medicine, but Granville became a Civil War casualty before reaching the field of combat; leaving Paris in 1864 to join the Confederate forces he died in Texas of yellow fever contracted in Havana. Harry Marion Sims entered medical practice, served for a time on the staff of the Woman's Hospital, edited his father's autobiography.

After a busy day in the operating room on November 12, 1883, Marion Sims dined with his family, remarked that he had just spent one of the happiest days in his life, died the next morning, apparently of a heart attack.

Summing Up. In his own words: "Mine has been a real romance, full of incident, anxiety, hope and care; some disappointments, and many successes, with much sickness and sorrow; but it has also been full of joy, contentment, and real happiness."

*He died November 13, 1883.

Woman's Hospital in New York as it appeared during Dr. Sims' lifetime. Site is now in midtown Manhattan.