J. Marion Sims

A Study of the Alabama Years and the Treatment of Vesico-vaginal Fistulas

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The Alabama River drifts southward through the lowlands giving rise to the city of Montgomery. The city is typical of the black belt, as the soil deposited by the aging river is suited for growing inland green-seed cotton. The river deposits not only nutrients for cotton but also provides the means by which it is transported to Mobile and ultimately to fashionable garment makers in Europe. The mighty river is capricious as its muddy waters periodically flood the lowest areas of the city bringing the malarial fevers of summertime.

In the early morning as the riverbank awakens, when it is still cool, sticky and damp on the water, and the floating debris is camouflaged by a tenacious fog on the river surface, the slaves on Mr. Wescott's plantation begin the workday in the cotton fields. One of Mr. Wescott's slave girls will not work today as she has been suffering with a difficult pregnancy for the last three days. Each day and night the mistress of the plantation and an elderly slave known only as the "doctor woman" attend her. Both of these proud women had attended many difficult confinements but Anarcha was only seventeen and was as yet without child.

The birth of children in the slave population was generally an uneventful and mostly pleasant event. Mr. Wescott afforded nubile females incentives for the birth of healthy children and these incentives were not taken lightly.

On this steamy summer day in early June, 1845, Anarcha's misery became inconsolable and Mr. Wescott summoned Dr. Henry from town to see her. Dr. Henry, being one of Montgomery's oldest and most respected physicians, had contracted years before with Mr. Wescott to care for the slaves as well as Mr. Wescott's family. Upon examination of Anarcha, Dr. Henry immediately knew the dire situation that existed and was fearful of losing both mother and child. The elder doctor was aware of the newer techniques available for treatment of difficult confinements and consulted with a younger colleague who had only recently moved to Montgomery from Cubahatchee Creek, J. Marion Sims. Sims had reportedly developed a reputation as being a facile surgeon with the additional skill of being trained in the use of delivery forceps.

Sims, agreeing with the conclusion of Dr. Henry, applied forceps to the unborn slave infant and was able to deliver a healthy baby boy, although some injuries to the birth canal were evident.

Anarcha improved rapidly from her confinement and easily fed her infant son until five days had elapsed. She was suddenly unable to hold her water. The young mother found herself devastated, as the care of her child had to be given to another. In the
malarial heat of a lowland summer she had urine running from her day and night, saturating her clothes, the bedding, and producing a most disgusting smell when the whole of it was heated by the humid daytime. The heat and the urine in combination produced a painful inflammation of her external parts which became confluent similar to small pox. The odor permeated her small shanty, it clung to window and door and even seeped from the house following whatever breeze might sweep the riverbanks. Death would have been preferable. But as Dr. Sims knew, patients of this kind never die; they must live and suffer. Anarcha had a vesico-vaginal fistula.

J. Marion Sims’ successful attempt to develop a surgical cure for Anarcha and other women who endured the tortments associated with vesico-vaginal fistulas shaped his subsequent career and resulted in his recognition as the founder of modern gynecology. But it is unlikely that Sims would have predicted such a future for himself.

Born January 15, 1813, in Lancaster District, South Carolina, Sims was educated in the classical sense at South Carolina College and received his medical education at the Medical College of South Carolina and Jefferson Medical College in Philadelphia. Unlike some other graduates of the prestigious Jefferson Medical College, Sims did not seek the clinical instruction in medicine and surgery that European medical centers offered. Since American medical schools did not provide the experience at the bedside of hospital patients that was available in Europe, the training Sims received in obstetrics and the function of the female reproductive system was based on reading and lectures rather than practice.2

After his graduation in 1835, he practiced medicine for a short time in Lancasterville, South Carolina, before joining others from his native state whom sought a new life in the fertile lands that awaited settlers in Alabama. In 1836, he settled in Mt. Meigs, a small town on the main road in eastern Montgomery County. A year later an opportunity arose near Cubahatchee Creek, a tributary of the Tallapoosa River in Macon County, and Sims moved his family to this new location, about ten miles east of Mt. Meigs. By the summer of 1840, Sims had succumbed to malaria, the “intermittent fever” which was endemic to the lowlands in the Cubahatchee Creek area. Sims reported in 1839 that, “I had all the practice I could possibly attend to,”3 but he was forced by recurring bouts of malarial fever and a chronic intestinal disorder (dyentery) to move his family and practice from the swampy lowlands to Montgomery. This was the first of several moves made by Sims and his rapidly enlarging family with the support of his wife, Theresa, for the purposes of improving his chronic and recurring diseases. (He almost died of malaria and was saved by a pharmacist rather than a physician, who had access to the new drug quinine.) He later moved to New York City, mainly, again, to search for improving health.

Both Sims and his biographer, Seale Harris,4 mention that a large portion of Sims’ medical practice was obtained from large plantation owners in Alabama’s “Black Belt.” This prime cotton-producing region of Alabama was one of the most populated areas of the state in the mid-nineteenth century. It describes an arc across Alabama, extending from
Chambers, Macon and Russell counties in the east through Montgomery, Lowndes, and Dallas counties in the center of the state to Marengo, Pickens, Greene and Sumter counties in west Alabama. It is served by an extensive river system which provided a cheap method of transporting the cotton harvest to Mobile, the cotton-trading and economic center of the state in the years before the Civil War. During the time Sims lived in Alabama, Mobile was also the center of the state’s slave trade. An 1834 visitor to the state remarked that “to sell cotton in order to buy Negroes — to make more cotton, to buy more Negroes, ‘ad infinitum,’ is the aim and direct tendency of all the operations of the cotton planter.”

The number of African-Americans in Alabama increased from 42,024 in 1820 to 342,884 by 1850 and, in Black Belt counties made up from sixty to ninety percent of the total population. Part of this explosive growth was due to slave trade and part was due to a natural increase in the slave population. Slaves represented a significant proportion of the assets of their owners. By 1860, the price of a good field hand in Alabama had risen to the enormous sum of $1,600. Consequently, slave owners often employed a reward system to encourage childbirth by female slaves. The planters’ desire to promote large slave families, the prevalence of disease in the slave population, and the relative lack of physicians trained in obstetrics provided Sims with the potential for developing a lucrative slave practice in Alabama.

Plantation owners struggled to make their estates self-sufficient in part by controlling expenses including health care costs. The plantation mistress frequently found herself in charge of the medical care of both her own family and of the slaves. She typically received her medical information from current planters’ journals, including *Southern Cultivator*, *DeBow’s Review*, *American Cotton Planter*, and *Soil of the South*, or from home health care advisory books such as *The Married Lady’s Companion or Poor Man’s Friend*. Many plantations also had a female slave called the “sick nurse” or a “doctor woman” who was prized for a lifetime of accumulated wisdom on practical medical matters. These women often acted as midwives for the slaves.

Between 1840 and 1845, Sims had developed a lucrative medical practice based primarily on his surgical skills. Sims was described by his friend and contemporary, the famous surgeon Samuel D. Gross, M.D. (1805-1885) as “a bold operator, sometimes to the point of recklessness, but he thoroughly understands the nature of his cases, and carefully weighs the consequences of the employment of the knife, which he wields with consummate ability.” He had proven himself an able operator in many areas, and had published a method of repair of bilateral cleft lip and palate. He also reported the repair of many cases of strabismus and clubfoot. Many of his early surgical patients were African-American slaves, including Sam and Jack, from whom Sims successfully removed malignant facial tumors without the benefit of anesthesia. But it was Sims’ experience with the unfortunate Anarcha that altered the course of his career.

Vesico-vaginal fistulas occurred with some regularity among slave women. Prolonged, difficult labor followed by traumatic delivery tech-
niques were the proximate cause of this condition; but pelvic rickets resulting from vitamin D deficiency may well have been the underlying cause of lengthy confinements. When ante-bellum physicians spoke of “infirmities peculiar to women” they noted that slave women suffered labor problems to a much greater extent than whites. Even with what appeared to be a nutritionally adequate diet, African-American slaves may have been likely to suffer from rickets due to genetically linked lactose intolerance. As late as the 1950’s black women still suffered from deformed pelves as a result of childhood rickets at a rate of seven and one-half times that of white women. Other factors may also have played a part in the greater incidence of vesico-vaginal fistula among slave rather than white women in Alabama. Teenage mothers like Anarcha might not have been fully developed and could have had a pelvis too small to accommodate the baby’s head. Gestational diabetes could also have produced cephalopelvic disproportion. Furthermore, women affected with sickle cell disease are subject to pelvic deformities that would result in problems at delivery.

The antebellum South was a tumultuous place in the years preceding the Civil War. Politics, States’ Rights, Federalism and slavery issues permeated the countryside. The rights of men remained unreconciled with the enslavement of the Negro population. Just as Thomas Jefferson had penned the Declaration of Independence but maintained slaves at his Virginia estate, physicians of the time were unable to reconcile providing medical care to slaves, usually without consent (except from their owners) at a level equivalent to freemen. In fact, many physicians of that time, including Alabama’s own Josiah C. Nott, proposed revisionist evolutionary ideas that slaves and whites evolved by parallel paths leading to the master-slave circumstances of that day. A separate medicine for a different kind of human was the call from many physicians.

Although Sims was clearly a man of his times, and a man known to put pen to paper, there is no written evidence extant that he was any more or less a racist than the average Southerner. The answer to the question whether or not he participated in the surgical experimentation on slaves for personal aggrandizement is available only by deduction.

Sims’ accomplishments when bracketed in an historical framework, prior to Lister’s antisepsis, prior to Louis Pasteur (1822-1895) and simultaneous to the advent of anesthesia, are indeed important if not remarkable. Social and ethical imperatives that result from a study of Sims’ work merely add another dimension to the legacy of one of Alabama’s most famous physicians.

We don’t truly know what ever became of Anarcha Wescott. In his autobiography, Sims stated that he was able to cure Anarcha, Betsy and Lucy, his first three slaves who presented with vesico-vaginal fistula. It is clear that each of these young slave girls endured great pain rather than live with such a despicable deformity. Surgery performed without the benefit of anesthesia was all that was available in 1845, and therefore every procedure was in its own way “human experimentation.” But to offer hope where there previously was none and effect a cure where no cures had previously existed is the goal and dream of every
great surgeon—it remains the same today.

References
7. Ibid, Rogers, p. 98.
8. Ibid, Rogers, p. 165.