James Marion Sims (1813-1883) [1]

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James Marion Sims [5] developed a surgical cure for ruptures of the wall separating the bladder from the vagina [6] during labor, ruptures called vesico-vaginal fistulas, and he developed techniques and tools used to improve reproductive examinations and health care for women in the US during the nineteenth century. Sims's lateral examination position allowed doctors to better see the vaginal cavity, and his speculum, a spoon-like object used for increased view into the vagina [6], helped to make gynecological examinations more thorough. Sims helped ease the physical and social strains of post-birth women who suffered from vesico-vaginal fistulas, and he established the first hospital in New York City, New York, dedicated solely to treating women and improving women's health care.

Sims was born ten miles south of Lancaster County, South Carolina, on 25 January 1813. His family and friends commonly called him Marion, and he was one of eight children born to Mahala Mackey and John Sims. Sims lived with his family in the town of Hanging Rock, South Carolina, and later he moved to the village of Lancaster, South Carolina, in 1825. At the age of twelve, Sims began studying at Franklin Academy in Lancaster, and he continued his studies in 1830 as a college sophomore at South Carolina College in Columbia, South Carolina.

When Sims graduated from South Carolina College in 1832, he confessed that he had no desire to pursue a career in law, as his father wanted. Sims preferred a career in medicine partly because he wanted to marry Eliza Theresa Jones, the daughter of Churchill Jones, the sole physician in Lancaster County. Upon hearing this news, Sims's father expressed disappointment and discouraged Sims. In 1833, when Sims began attending medical lectures at Charleston Medical College in Charleston, South Carolina, he did so without his family's support. During this time, Sims simultaneously apprenticed with Churchill Jones and courted Teresa. In 1833 he halted his education at Charleston Medical College without obtaining a professional degree, and he enrolled in Jefferson Medical College in Philadelphia, Pennsylvania, in 1834. In 1835, Sims graduated from Jefferson Medical College with his MD.

After obtaining his medical degree, Sims returned to Lancaster in May 1835, and opened up his own medical practice. When his business experienced little growth, they moved to Mount Meigs, Alabama later in 1835. He married Teresa in 1836. In 1840 they moved to Montgomery, Alabama, where he had a lucrative business caring for the local slaves, in addition to some white clients.

In August 1845, Sims responded to a woman who had fallen from her horse [7] and suffered from what Sims termed an acute retroversion of the uterus [8], now called a tilted uterus [8]. Common gynecological examination procedures at the time utilized the lithotomy position, which required the patient to lie on her back with knees bent and her thighs apart. This patient, however, was of considerable size, and this position was unhelpful for Sims's examinations. Sims created alternate examination methods with this patient and introduced the Sims's position. The Sims' position requires that a woman lay on her side with the upper knee pulled towards the chest and the other leg fully extended. This movement shifts the pelvis in such a way that air fills the vaginal cavity, which acts like a vacuum and suction, until it fully distends. Using a bent spoon to peer at the internal walls of the vaginal cavity, Sims created both a method of examination and a tool that improved accessibility to the vagina [6]. In the hands of succeeding doctors, the tool evolved and was named the Sims Speculum, a device widely used.

In the early nineteenth century medical practitioners from accredited institutions were difficult to find in the southern United States. In the south, vesico-vaginal fistulas were common, especially among enslaved women, who did not receive extensive medical care. Vesico-vaginal fistulas often result from difficult and traumatic childbirths, when extended pressure on the vaginal wall causes tissue to rupture into the bladder. Due to a rupture in the tissue connecting the bladder to the vagina [6], patients with vesico-vaginal fistulas experienced near constant and uncontrolled seepage of urine through the vagina [6]. Although experimental surgical treatments sought to stop the leakage and cure patients, they rarely succeeded, and people considered the condition incurable at the time.

During 1845, Sims began to apply his techniques regularly in his examinations of patients, many of whom suffered from vesico-vaginal fistulas. He performed the majority of his attempts to operate on patients suffering from fistulas on three particular slave women: Betsey, Anarcha, and Lucy. These women, along with several others whom he housed in a makeshift hospital, came under his care after his arrangement with their owners. He wanted to fix their fistulas in exchange for unlimited access to his patients' bodies. After performing many operations over several years and becoming proficient at sewing the edges of fistulas closed, Sims remained unable to cure women of vesico-vaginal fistulas. Patients constantly exhibited swelling of the wound site,
inflammations and microbial infections throughout the surgical process or during the recovery phase due to the use of unsterilized silk or gut sutures. Although the doctors in the surrounding areas initially supported Sims, repeated failures to cure fistulas left him with only his own patients to assist him during his experimental surgeries.

In the summer of 1849 Sims realized that he could use metal as a suture material. Historically, Hippocrates in Greece had used silver in medical applications as early as the fifth century B.C.E. However, silver did not gain popularity in medicine until the early nineteenth century. According to historians, Sims was among the first surgeons to utilize silver metal sutures for internal stitching, and he was the first to use silver sutures to repair vesico-vaginal fistulas. Four years of experimentation with procedures and materials came to fruition in 1849 when, on Anarcha's thirtieth surgery, Sims successfully closed the fistula and Anarcha made a complete recovery.

To substantiate his findings and ensure that success with Anarcha was not a fluke, Sims performed the same surgery with similar materials on Lucy and Betsey in the following two weeks, and those surgeries similarly succeeded. Over the next few weeks, Sims expanded his patient pool and honed his techniques by curing women of various social classes throughout the south.

In 1849 Sims collapsed and found himself crippled by a diarrheal illness that risked his life. After battling the disease for years, Sims recorded his operation for vesico-vaginal fistulas and its history in "On the Treatment of Vesico-Vaginal Fistula", and he published it in January 1852.

After moving to New York City, New York, in May 1853, Sims recuperated. However, having been jobless for more than a year, money was scarce. Furthermore, New York surgeons who read Sims's surgery article saw no need to help Sims, because they now knew how to treat vesico-vaginal fistulas themselves. They ignored Sims and did not hire him. Unable to obtain any patients to make a living, in May 1854 Sims made a public plea for a women's hospital in New York. His request interested Sarah Platt Doremus, who helped organize a managerial board of socially influential women in New York. With the help of these women, Sims founded The Women's Hospital of New York in May 1855 on Madison Avenue in New York City.

Sims began to gain recognition in the US and worldwide. Surgeons from Europe specifically sought out Sims, and due to the looming US Civil War, Sims obliged. In 1862 he moved to Europe. Sims spent the remainder of his days as a celebrity surgeon, traveling both within the US and abroad, performing exemplary surgeries to illustrate and spread the techniques used in his cure for vesico-vaginal fistulas. Sims died in New York City, New York, on 13 November 1883 at the age of 70.

Sources


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