

d.m.cicchie@gmail.com

D. M. Cicchiello

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Medical (un)Making: Ethical Responsibilities and the Search for Agency in J. Marion Sims's  
Montgomery Experiments

Modern gynecology has its roots in the American antebellum south. Gynecological procedures during this period were often challenging to both the patient and physician, as surgical techniques were experimental, medical tools were shoddy, and anesthesia was not put into widespread use until about the 1860s. The work of J. Marion Sims, the physician who came to be known as the father of gynecology, indicated the levels of brutality which women might have faced in their physician's care.

The particular specifics of the Sims's experiments in Montgomery, Alabama, where Sims performed countless surgical operations on enslaved black women with the condition of a vesicovaginal fistula, have sparked historiographical debates through the decades.<sup>1</sup> Because this subject established Sims's credibility, his skills as a surgeon, and created foundational techniques in future gynecological surgery, historians of gynecology are almost forced into discussing the

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<sup>1</sup> McGregor, *From Midwives to Medicine*, 43. Following Deborah Kuhn McGregor's example, I will be referring to these procedures as the "Montgomery Experiments" to differentiate Sims's work on enslaved black women starting in 1848 from similar surgeries he performed on Irish immigrant women in the first Women's Hospital in New York in the 1850s. Although this paper will be focusing on the Montgomery Experiments out of consideration for clarity and length, Sims completed ethically dubious surgical interventions on multiple groups of women in his care. McGregor's term indicated that the Montgomery Experiments were at the center of a series of economic, social, political and cultural factors which made it historically unique from other examples of Sims's surgery.

Montgomery Experiments. This paper will argue that revisionist histories about the Montgomery Experiments were constantly facing tensions between the “great/worst man of science” theory and the felt ethical or moral responsibility of historians to critique the past to inform or explain the present. Constructionist and contextual histories emerged from these tensions, using their argumentative approaches to demonstrate alternative agents and types of agency, thus indicating the direction of future historical scholarship.

In the 1940s and 1950s, historians of medicine focused their analysis of the Montgomery Experiments exclusively on Sims, positioning him as the agent of his own making, empirically responsible for an entire discipline of medicine. These arguments tend to follow the “great man of science” theory, arguing teleologically towards modern gynecology and remaining silent on instances of abuse, exploitation, and ethical ambiguity. By the 1970s, the next generation of scholars and feminists flipped the narrative away from the “great man of science” theory, and instead turned Sims into a pariah who indiscriminately experimented on women. As these scholars situated their work into the historiographic lineage, their critiques of their predecessors were entirely focused on the way past arguments had celebrated Sims and his work. Despite the critiques these scholars levied against the first generation of empiricists, their argumentative approach continued to assume the primacy of Sims’s knowledge and theory over gynecological medicine. Although they demolished Sims instead of celebrated him, their arguments continued to assume that Sims operated as the sole agent within the narrative, responsible for making his career and a new medical discipline through the unmaking of women patients.

Scholars of the Montgomery Experiments were called back to the source material in the 1990s by physicians who decried the way Sims’s name had been misrepresented by historians. To defend Sims’s name, they demanded “a return to the historical record,” to put forward a more

accurate depiction of the father of gynecology. This group of scholars, physicians included, pulled from a broader range of sources and, in turn, made constructivist arguments that deemphasized the role of the great man of science in the larger history of gynecology. These writers argued that Sims was not the only agent at work in the specific circumstances of the Sims Experiments, arguing for revisionist histories which better demonstrated that Sims was not acting alone in the vacuum of history.

These constructivist historiographies also found agency beyond Sims, arguing that external factors like the desires of patients, specifics of plantation life, and economic limitations influenced the Experiments. This generation of work concluded that the women in Sims's care were indeed agents, although their methods of agency were rarely shaped by freedom or choice. In the most recent discussions of the Montgomery Experiments, scholars have based their continuing constructivist analysis on their predecessor's conclusions about agency. Historians have accepted that Sims's patients were agents and instead argued that the way enslaved patients displayed their agency, specifically through individual moments of resistance, slave culture, or matriarchal knowledge, was a sociocultural construction contingent on the brutality of plantation slavery.

To begin, one must understand how agency was conceptualized in larger histories of gynecology in the 1940s and 1950s. Historians who have explored this topic during this period frequently positioned their knowledge in relation to the physician instead of the patient. While this may have occurred in part because their source material had been culled from physician notebooks and patient documents, it also indicated the prevalence of the teleological, "great man of science" historiographic approach during this period. Richard A. Leonardo's *History of Gynecology*

d.m.cicchie@gmail.com

attempted to provide a comprehensive overview of gynecological medicine from ancient Egypt to the present day. Sims played a crucial role in Leonardo's narrative as an

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d.m.cicchie@gmail.com

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argument to explain why physicians gained control over their women patients.<sup>2</sup> Where histories of gynecology written by physicians often positioned the advantages of modern medicine as evidence of gynecological surgery's improvement to the health and well-being of women, Dally's argument tried to contextualize patterns of oppression over women. Historians working on gynecological history often structured their histories in the same teleological narrative towards the enslavement of women through women's medicine.<sup>3</sup>

Two years after Dally published her book, Durrenda Ojanuga published what has since become known as a highly controversial account of the Montgomery Experiments. Her article, "The medical ethics of the 'Father of Gynaecology', Dr J Marion Sims" analyzed the ethical implications and complications of the Sims Experiments, particularly the lack of consent from Sims's patients. Many responses to this article, from physicians and historians alike, criticized Ojanuga's analysis of Sims's ethical standards as entirely ahistorical, as she often misattributed and decontextualized historical circumstances for the sake of her rhetoric against Sims.<sup>4</sup> Ojanuga structured her judgement of Sims in the context of late twentieth century bioethics and allowed those present-day opinions to direct her historiographic analysis of the Experiments. As such, Ojanuga's article and the resulting controversy that unfolded undermined constructivist attempts to broaden historical understandings of the physician-patient relationship in cases like the Montgomery Experiments. Once again, she placed all the agency on Sims, arguing the same "worst man of science" historiographic theory. While many of Ojanuga's critics are physicians

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<sup>2</sup> Ibid., 229. Despite Dally claiming in her introduction that she would provide a historical account that was not inherently teleological, she admits to doing the exact opposite in her conclusion. The resulting narrative fused the two problematic narratives together, as Dally told a story of the way that advancement in medical science and the way that physicians sold the success of those advancements to their patients encouraged women to actively seek complicated surgical procedures in a self-perpetuating, self-seeking pattern of surgical subjugation.

<sup>3</sup> Ann Dally, *Women under the Knife, A History of Surgery*, xvi.

<sup>4</sup> Durrenda Ojanuga, "The medical ethics of the 'Father of Gynaecology', Dr J Marion Sims," 5.

and their defense of Sims's character clearly speaks to their inherent bias, their historiographic critiques of Ojanuga's work were valid. These physicians demanded a return to the historical literature to remedy the ahistorical picture that scholars like Ojanuga, Daly, and Barker-Benfield perpetuated, and they often turned to the patients as an alternative source of agency in the discussion of the Sims Experiments.<sup>5</sup> While their arguments in defense of Sims's experiments (for example, that women with a vesicovaginal fistula were in extreme pain and therefore wanted the surgeries and were grateful for access to a potentially successful treatment) were not convincing, their methodology was convincing and demonstrated the importance of the constructivist approach to a thorough historiography of the Montgomery Experiments.

Where Dally's book was another example of a physician writing a history of medicine, Deborah Kuhn McGregor's *From Midwives to Medicine* was a constructivist history which argued against the very trends that Dally ended up recapitulating in her analysis. McGregor began her narrative with J. Marion Sims and argued that a complex mix of social, cultural and economic factors allowed physicians to use patients, particularly women, according to their social status. Nonetheless, these women actively sought care from physicians (regardless of any misplaced trust in the physician) and were agents in their own care as well as victims.<sup>6</sup> McGregor argued that while the Montgomery Experiments were pivotal in the history of gynecology, practitioners of the developing discipline were actively negotiating professional status and standards of practice through the physician-patient relationship, as that relationship

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<sup>5</sup> For critiques of Ojanuga's article see; L. L. Wall, "The medical ethics of Dr J Marion Sims: a fresh look at the historical record," and J. Patrick O'Leary, "J. Marion Sims: A Defense of the Father of Gynecology." Examining the way that historians use and attribute agency in their discussions of the Montgomery Experiments indicates larger questions about the ethical role of the historian. Physicians, like O'Leary and Wall return to the historical record for evidence of Sims's own understanding of his ethical position. They attempted to contextualize Sims's role as an ethically dubious agent (by modern standards) in his historical period to delegitimize a historical critique based on modern ethical standards.

<sup>6</sup> Deborah Kuhn McGregor, *From Midwives to Medicine*, 3.

was crucial to practice. By focusing on the lives of women patients, McGregor attempted to demonstrate the ways women negotiated their own role in the physician/patient relationship.<sup>7</sup> However most of McGregor's source material, for the Montgomery Experiments and for broader discussions of obstetrics medicine, came from Sims and his colleagues, creating some interesting historiographic tension in her analysis. Examining the physician's perspective of his patients, she argued, created a clear picture of the way that women's experiences of the physician-patient relationship differed along racial, social, and economic lines. This method also allowed her to point to instances of agency within specific cases (such as wealthy white women who were able to negotiate the materials used for their wound sutures) as compared to the assumed lack of agency in others (as seen in Sims's black slave patients Anarcha, Betsey, and Lucy).<sup>8</sup>

McGregor's work effectively silenced the few remaining physicians and scholars who continued to analyze the Montgomery Experiments in a strict "great/worst man of science" theory, as it opened new avenues for potential scholarship and revised historical assumptions about agency. In the last 15 years, historians have begun to expand their definitions of agency, occasionally in an attempt to liberate an oppressed subject from an equally oppressing historical narrative. Marie Schwartz's *Birthing a Slave* and Deidre Cooper Owens's *Medical Bondage* are two landmark works in this vein, which attempted to provide a revisionist history where black slaves were active participants in their own lived experiences instead of objects to be controlled.

Marie Schwartz's *Birthing a Slave* followed the same constructivist argumentative approach as Kuhn McGregor. Schwartz built on the argument McGregor established in *From Midwives to Medicine*, going a step further to contextualize the professionalization of birthing

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<sup>7</sup> Ibid., 7.

<sup>8</sup> Ibid., 50-51.

medicine in the slaveholding south. Gynecological surgery became a site where the nexus of black slave medicine and professionalized medicine met, with black women slaves caught in the center as their bodies were relied upon for medical experimentation.<sup>9</sup> Schwartz's largest argumentative goal was to point out the ways that black women slave bodies became a complicated site of professional creation and medical unmaking, as the success of the Montgomery Experiments over said bodies solidified and perpetuated the medicalization and professionalization of obstetrics and gynecological medicine.<sup>10</sup> Thus, Schwartz was not railing against the unethical treatment of Sims's patients, nor was she fixating on giving Sims any specific recognition. Rather, her project focused on black women slave bodies precisely because of the historically unethical treatment these bodies experienced. Her analytical framework also allowed her to demonstrate the subtle ways black women slaves sustained resistance and cultivated agency in an environment that prohibited free will.

Deidre Cooper Owens's *Medical Bondage* provides another essential historiographic marker in the history of gynecology and, indeed, the history of the Montgomery Experiments. Owens's project examined the black women slaves in Sims's care in their roles as nurses to each other during the Montgomery Experiments. Where other scholarship had examined "their exploitation as patients forced to work as surgical assistants," and, indeed, as slaves purchased for experimentation, Owens's book "shift[ed] the focus to the lack of recognition these women received as nurses."<sup>11</sup> Part and parcel of this project was to revise past historical scholarship which had unwittingly or too casually positioned women slave bodies as objects, to be taken apart and stitched back together. Instead, these patient nurses should also be understood in terms

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<sup>9</sup> Marie Schwartz, *Birthing a Slave*, 228.

<sup>10</sup> *Ibid.*, 2.

<sup>11</sup> Deidre Cooper Owens, *Medical Bondage*, 2,

of their capacity to perform skillful, intelligent work while also managing intense pain, possible opium addiction, and the complex sociocultural environment of the plantation economy.<sup>12</sup>

Thus, the historiography of the Montgomery Experiments has consistently had to manage the enduring historiographic legacy of the “great/worst man of science” theory. Despite the teleological nature inherent to this narrative, the ethically unconscionable Montgomery Experiments forced historians of gynecological medicine to confront the discipline’s problematic history, putting them in contact with Sims and the assumptions which have ensured his place in history. As each generation of scholars made their respective revisions in history, constructivist arguments continued to explore broader definitions of agency. Through this lens, one can discern the way that historiographic applications of agency were dependent on and relative to the circumstances of the historical subject.<sup>13</sup> Owens most clearly demonstrates this trend. She also argued against histories which envisioned black women slave bodies as subjects to be objectified and discussed the modern legacy women of color have inherited from a gynecological history contingent on their brutality and subjugation.

Herein lies the tensions which characterize any discussion of historical situations of brutality, oppression, and death. Similar historiographic debates, like the Functionalist/Intentionalist debate about Germany’s role in the holocaust, are, as Richard Bessel said, about “morality, and the moral obligations of the historian.”<sup>14</sup> The Montgomery

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<sup>12</sup> Ibid., 11.

<sup>13</sup> For a fascinating discussion about the nuances of agency in the black slaveholding south, see “On Agency” by Walter Johnson. Schwartz and Owens apply agency the way that he recommended in this article, as a phenomenon that must be historically contextualized to understand the ways slaves reinforced their humanity while living without freedom of choice or other traditionally liberating conceptions of agency. Johnson, 114.

<sup>14</sup> Bessel, “Functionalist vs Intentionalist-The Debate Twenty Years on,” 18. Briefly, intentionists argued that Hitler intended and deliberately led Germany towards the holocaust, where functionalists argue that the holocaust was the result of the circumstances inherent to the Nazi regime. Where hardcore

d.m.cicchie@gmail.com

Experiments are no exception, particularly because these instances of brutality stand at the nexus of black oppression, medicalization, white control, gender, sexuality, and the plantation economy. Scholars who engage with the Montgomery Experiments became implicitly burdened by the ethical and moral obligations embedded within the subject. In addition, scholars feel their ethical and moral responsibility to the present, which might explain why teleological analysis remained so prevalent within the historiographic lineage, as scholars continually grappled with the contradiction of Sims's intentions and successes with the visible brutality of the Experiments. Still, as Deborah Kuhn McGregor, Marie Schwartz, and Diedre Cooper Owens demonstrated through their analysis, it is possible to write revised histories which remain contextualized and demonstrate the varying forms of historical agency. These contextual arguments and relativized understandings of agency indicate the extent to which history can remain firmly situated in the past while actively engaging with modernity.

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intentionalists place too much emphasis on Hitler's role in the holocaust, thereby abdicating the German people of any moral responsibility to their past, functionalists over emphasized the chaos Nazi regime dynamics at the expense of those who actively worked to maintain the regime's authority.

d.m.cicchie@gmail.com

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For a complete bibliography, please contact the author.