THE STORY OF MY LIFE

BY J. MARION SIMS

With a New Preface by
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CHAPTER XIV.


In April (1845) Mr. Henry Stickney, having a plantation near Montgomery and a residence in the suburbs of the town, called at my house about tea-time, as he frequently did, to make a social visit, and took occasion to say that his negro woman, Sally, had recently been confined with twins, and that one of them was very ill. He said that it had spasms, and could not suck, and he said that he would like to have me go out and see the babe. After asking him a few questions, as we talked the matter over, I made up my mind what was the matter, and I said: "Mr. Stickney, the baby has what we call trismus nascentium, or lock-jaw, and it is always fatal, no case as yet ever having been cured. I can do the child no good; but, as a study, I will come out to see it and investigate the case. But I can do nothing for it at all."

So I went to the house, as I agreed, and found the child lying in a cradle, on its back. It had been in spasms for two days and nights, and looked as if it were dying. Its respiration was very rapid, and the pulse could hardly be counted. Touching it would throw it into convulsions; laying it on its face it would cause spasms; any noise would produce them. It could not swallow, could take no nourishment, and it was impossible for it to suck. It was covered with a cold, clammy perspiration; its hands were tightly clinched, so that the finger-nails were almost cutting into the flesh on the palms of its hands. The legs and arms were as stiff as a poker, and the whole body was rigid, because of tonic contraction, and every few minutes there would be spasms independent of the tonic contraction. Its face was drawn around so that it wore a sort of sardonic grin. Altogether, the picture was a disagreeable one to look upon. After examining the child for a while, I ran my hand under its head to raise it up from the deep cradle in which it lay. I raised the child, and found it as stiff as could be, and, instead of bending, it came up like raising a pair of tongs, in its rigid condition. While in the act of raising it, my hand detected a remarkable irregularity in the relations of the bones of the head. I sat the child against my knee, because it was so stiff that it could not sit on it, and began to examine its head. At the back of the head I found that the occipital bone was pushed under deeply on the brain, and the edges of it, along the lambdoidal suture, were completely overlapped by the projecting edges of the parietal bones. This was certainly the most unnatural thing that I had seen, and
I immediately suspected that the spasms, both tonic and clonic, were the result of mechanical pressure on the base of the brain, effected by the dislocation of this bone by the child lying on its back. It took some minutes for me to make this examination. After I became thoroughly familiar with the physical condition observed, I turned my attention again to the child, and was surprised to find that by the erect posture removing the pressure from the base of the brain the pulse could be counted, and that the respiration had fallen from one hundred and twenty to about seventy.

As a matter of course, the child died. The next day we held a post-mortem examination. The case was one of so much importance that I invited Drs. Ames, Baldwin, Bowling, and half a dozen other medical men to be present at the post-mortem. I was convinced that the mechanical pressure on the base of the brain had produced all the symptoms I had seen; but what I wanted to find was this: what was the rationale of that pressure? In making a post-mortem examination, we found that the spinal marrow was surrounded by a coagulum of blood—extravasation of blood between the spinal marrow and its membranes. I thought that this was the cause of all the symptoms, and I published an article on the subject, in which I elaborated a very ingenious theory going to show that the compression at the base of the brain had strangulated the spinal veins in such a way that the blood could not be returned from the spinal column, and had therefore burst through its thin ves-

CURE FOR TRISMS NASCENTIUM. — Subsequent experience, however, compelled me to modify this view of the case, and I wrote a second article on the subject, showing that this extravasation was not the cause of the disease, but was the result, and that the child might not have died of trismus nascentium had it been laid on its side, where the pressure could be removed from the base of the brain. As a matter of course, the treatment of a case of trismus nascentium is not by medicine, but when it is produced by mechanical causes of this sort it is simply by a lateral position that takes the pressure from the base of the brain. Such cases should be placed first upon one side and then upon the other, and should never be put in a cradle or crib at all. A new-born child especially should be placed upon a pillow, lengthwise of the pillow. If this were done always, there would be no cases of trismus nascentium. I have seen a great many desperate cases cured in a few minutes' time, simply by placing the patient on the side. But, as I have written this subject up, in part, in another treatise, it is not worth while to dilate upon it further here. My doctrines in respect to the pathology and treatment of trismus nascentium have not been adopted or accepted by the profession at large; but I am satisfied that they are true. They have been adopted by a few doctors, here and there, and many cases of trismus nascentium have been cured, which were reported in the medical journals of the country. Dr. ———, of Anderson, South Carolina, reported in the "American Journal of Medical Science" for April, 1875, a dozen cases that
he had cured; whereas, before my discovery, medical literature had not reported a single case of trismus nascentium having been cured on any recognized principle applicable to any other case. Truth travels slowly, but I am sure that I am right—as sure as I can be of anything. This will yet be fully understood and appreciated by the profession.

I consider this my first great discovery in medicine. The next occurred only two months later. I had been a doctor now about ten years. I had established a good, solid reputation as a surgeon, and surgical cases were coming to me every day from all parts of the country. I was also considered a successful family practitioner. I was perfectly satisfied with my position and prospects. I had nothing whatever to do with midwifery, excepting when called in consultation with Dr. McWhorter or Dr. Henry, or some of the older doctors, who wished me to perform some delicate surgical operation. I never pretended to treat any of the diseases of women, and if any woman came to consult me on account of any functional derangement of the uterine system, I immediately replied, "This is out of my line; I do not know anything about it practically, and I advise you to go to Dr. Henry or Dr. McWhorter."

Early in the month of June (1845) Dr. Henry asked me to go out to Mr. Wescott's, only a mile from the town, to a case of labor which had lasted three days and the child not yet born. He said, "I am thinking that you had better take your instruments along with you, for you may want to use them." We found a young colored woman, about seventeen years of age, well developed, who had been in labor then seventy-two hours. The child's head was so impacted in the pelvis that the labor-pains had almost entirely ceased. It was evident that matters could not long remain in this condition without the system becoming exhausted, and without the pressure producing a sloughing of the soft parts of the mother. So I agreed with Dr. Henry that the sooner she was delivered the better, and without any great effort the child was brought away with forceps. She rallied from the confinement and seemed to be getting on pretty well, until about five days after her delivery, when Dr. Henry came to see me, and said that there was an extensive sloughing of the soft parts, the mother having lost control of both the bladder and the rectum. Of course, aside from death, this was about the worst accident that could have happened to the poor young girl. I went to see her, and found an enormous slough, spreading from the posterior wall of the vagina, and another thrown off from the anterior wall. The case was hopelessly incurable.

I went home and investigated the literature of the subject thoroughly and fully. Then, seeing the master of the servant the next day, I said: "Mr. Wescott, Anarcha has an affection that unites her for the duties required of a servant. She will not die, but will never get well, and all you have to do is to take good care of her so long as she lives." Mr. Wescott was a kind-hearted
man, a good master, and, accepting the situation, made up his mind that Anarcha should have an easy time in this world as long as she lived.

I had practiced medicine ten years, and had never before seen a case of vesico-vaginal fistula. I looked upon it as a surgical curiosity, although a very unfortunate one. Strange to say, in one month from that time Dr. Harris, from Lowndes County, came to see me, and he said: "Well, doctor, one of my servant girls, Betsey, a young woman seventeen or eighteen years old, married last year, had a baby about a month ago. Since then she has not been able to hold a single drop of water."

I replied, "I am very sorry, doctor, but nothing can be done for her. There is a similar case here in town."

He said, "I thought myself it was incurable. But I am going to tell my overseer to send her up to you tomorrow and let you examine her case." So the next day Betsey came, and I examined her. The base of the bladder was destroyed, and her case was certainly a very miserable one. I kept her a day or two in Montgomery and then sent her home, writing a note to the doctor, giving him my opinion of the case and its incurability. I supposed that I should never see another case of vesico-vaginal fistula.

About another month after this, however, Mr. Tom Zimmerman, of Mason County, called on me. I was his family physician when I lived in Cubahatchee, but I had not seen him since I left there, four or five years before. He began immediately by saying that his negro girl, Lucy, about eighteen years old, had given birth to a child two months ago, and that since that time she had been unable to hold any water.

I said, "Tom, I know all about this case, and there is no doctor in this town or country who can afford any relief. I have just been reading up the subject; I have consulted all the authorities I can find in every doctor's library in this city. She has fistula in the bladder—a hole in it. It may be no larger than a pipe-stem, or it may be as large as two or three inches in diameter; but, whether big or little, the urine runs all the time; it makes no odds what position she is in, whether asleep or awake, walking or standing, sitting or lying down. The case is absolutely incurable. I don't want to see her or the case. You need not send her to town. I have just seen two cases, one in this town, and another that was sent to me from Lowndes County, and I have sent the last one back because there is no hope for it."

"Is there no chance for your being mistaken about the case, without having seen it?"

I said, "No, there is no chance for me to be mistaken. It is absolutely incurable."

"Are you not disposed to investigate it," he said, "and see if there is not some chance?"

I said, "No, I don't want to see it."

"But you would have done so before you moved from the piney woods and came to this city. Moving to a city sets a man up wonderfully. You are putting on airs. When you were my family doctor, and used to
see my family or my niggers, you never objected to an
investigation of their cases, and you didn’t say what you
would do and what not. I am going to send Lucy in.
What day do you want her to come down?”
I said, “I don’t want to see her. I can do her no
good.”
“Well,” said he, “I am going to send her down to
you at your office, by Monday’s train, whether you want
to see her or not.” And so, sure enough, Monday came,
and Lucy was at my office. I had a little hospital of
eight beds, built in the corner of my yard, for taking
care of my negro patients and for negro surgical cases;
and so when Lucy came I gave her a bed. As soon as I
could get to her I examined the case very minutely. I
told her that I was unable to do anything for her, and I
said, “To-morrow afternoon I shall have to send you
home.” She was very much disappointed, for her con-
tion was loathsome, and she was in hopes that she
could be cured. I told her that she must go home on
the next afternoon.

It was my usual habit to start off at nine o’clock to
visit my patients, and I seldom had less than from eight-
een to twenty visits to make in a morning. Just as I
was starting off, and was about to get into my buggy, a
little nigger came running to the office and said, “Massa
doctor, Mrs. Merrill done been threwed from her pony,
and is mighty badly hurt, and you must go down there
right off to see her, just as soon as you can get there.”
So, as this was a surgical case, and not knowing whether
it was a fractured limb or a broken skull, I looked upon
it as a case of urgency, and instead of making my usual
morning round, I started upon “the hill,” three fourths
of a mile, to see old Mrs. Merrill. She was not an old
woman, but she was the wife of a dissipated old man,
who was supposed to be of not much account, as he was
gambling and leading an otherwise disreputable life.
Mrs. Merrill, however, was a respectable woman who ob-
tained a living by washing and taking in sewing, and
was much appreciated and respected among her neigh-
bors. She was about forty-six years of age, stout and fat,
and weighed nearly two hundred pounds. She had been
riding along on a pony, and when within about fifty
yards of her own house a log lying by the roadside, in
the corner of the fence, jumped out and made a noise
that frightened the pony, and it sprang from under the
rider. She fell with all her weight on the pelvis. She
had no broken bones. She was in bed, complaining of
great pain in her back, and a sense of tenesmus in both
the bladder and rectum, the bearing down making her
condition miserable.

If there was anything I hated, it was investigating
the organs of the female pelvis. But this poor woman
was in such a condition that I was obliged to find out
what was the matter with her. It was by a digital ex-
amination, and I had sense enough to discover that there
was retroversion of the uterus. It was half turned up-
side down, and I took it for granted that this sudden
dislocation, or disturbance of the pelvic organs, was the
result of the fall on the pelvis. The question was, what I should do to relieve her. I remembered, when a medical student in Charleston Medical College, that old Dr. Prioleau used to say: "Gentlemen, if any of you are ever called to a case of sudden version of the uterus backward, you must place the patient on the knees and elbows—in a genu-pectoral position—and then introduce one finger into the rectum and another into the vagina, and push up, and pull down; and, if you don't get the uterus in position by this means, you will hardly effect it by any other." This piece of information at the time it was given went into one ear and out at the other. I never expected to have any use for it. Strangely enough, all that Professor Prioleau said came back to me at once when the case was presented. So I placed the patient as directed, with a large sheet thrown over her. I could not make up my mind to introduce my finger into the rectum, because only a few days before that I had had occasion to examine the rectum of a nervous gentleman who had a fissure, and he made so much complaint of the examination that I thought that this poor woman was suffering enough without my doing so disagreeable a thing. So, as she raised herself and rested on her knees, just on the edge of the bed, and by putting one finger into the vagina I could easily touch the uterus by my pushing, but I could not place it in position, for my finger was too short; if it had been half an inch longer, I could have put the womb into place. So I introduced the middle and index fingers, and immediately touched the uterus. I commenced making strong efforts to push it back, and thus I turned my hand with the palm upward, and then downward, and pushing with all my might, when all at once, I could not feel the womb, or the walls of the vagina. I could touch nothing at all, and wondered what it all meant. It was as if I had put my two fingers into a hat, and worked them around, without touching the substance of it. While I was wondering what it all meant Mrs. Merrill said, "Why, doctor, I am relieved." My mission was ended, but what had brought the relief I could not understand. I removed my hand, and said to her, "You may lie down now." She was in a profuse perspiration from pain and the unnatural position, and in part from the effort. She rather fell on her side. Suddenly there was an explosion, just as though there had been an escape of air from the bowel. She was exceedingly mortified and began to apologize, and said, "I am so ashamed." I said: "That is not from the bowel, but from the vagina, and it has explained now what I did not understand before. I understand now what has relieved you, but I would not have understood it but for that escapement of air from the vagina. When I placed my fingers there, the mouth of the vagina was so dilated that the air rushed in and extended the vagina to its fullest capacity, by the natural pressure of fifty-five pounds to the square inch, and this, conjoined with the position, was the means of restoring the retroverted organ to its normal place."