

Sims Invents the Speculum | I Invent the Wincing

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Columbia University & Slavery Course

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Betsey Invents The Speculum

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Introducing the bent handle of the spoon I saw everything, as no man had ever seen before.

– *from The Story of My Life by J. Marion Sims*

I have bent in other ways

to open the body make space

More pliable than pewter,

my skin may be less giving

Great discoveries are made

on cushioned lessons and hard falls

Sims invents the speculum

I invent the wincing

the if you must of it

the looking away

the here of discovery

On the morning of April 17th, 2018, the statue of J. Marion Sims was removed from a pedestal located in the Northeast most corner of Central Park, directly adjacent to the communities of East Harlem and El Barrio — each largely consisting of peoples of color. Long considered to be the ‘Father of Gynecology’, Sims is understood to have conducted his experiments on enslaved black women without the use of anesthesia. Poet Bettina Judd calls attention to this disturbing imbalance of power, writing: “Great discoveries are made on cushioned lessons and hard falls; Sims invents the speculum; I invent the wincing.” That is, in remembering the life of Sims, there is no mention of the three enslaved women, Lucy, Anarcha, and Betsey, whose suffering gave way to the advancement of his research (Black Lawrence Press).

In removing his statue, there is an interesting role reversal. For the first time, Sims is rendered an immobile body, tethered on each side, to be carted off and removed from the space in which he originally dwelled. For the first time, then, Sims — or a figure that symbolically holds his presence — experienced what he inflicted upon his black ‘patients’: disorientation, pain, manipulation, a physical uprooting of the body into new spaces and forcing into positions not consented to by the individual, total objectification, and a blatant disregard of the individual’s own agency, humanity, and will. Nowhere on the monument was there an inscription detailing the many abuses and violations of research ethics enacted by Sims. Rather, hoards of protestors — women of color, primarily belonging to the neighboring communities of East Harlem and El Barrio, who often passed his bronze body on their walk to work — took it upon themselves to illuminate the many falsities and silences so prevalent in the telling of Sims’ life story. It is thanks to the upstanding women of color who organized this call to action that these silences were finally confronted and revealed properly. But in order to fully engage with their act of protest, one must first properly trace Sims’ ascension to the status of ‘Father

of Gynecology,' carefully identifying the discrepancies in this white-washed and abuse-negligent narrative (NPR).

By way of background, Sims was born on January 25th, 1813 to Jack Sims and Mahala Mackey Sims in Hanging Rock, Lancaster County, South Carolina. As the eldest of seven children, he witnessed his parents' transition from a farming lifestyle to that of inn keepers. Upon maturing, Sims attended South Carolina College, presently known as the University of South Carolina, prior to earning his medical degree from Philadelphia's Jefferson Medical College in 1835. Shortly after graduating, he established a private practice which quickly dissolved after two of his infant patients passed away under his treatment. Sims proceeded to move his operation to the western frontier of Alabama. Here, he began a career treating slaves residing on local plantations in Macon County.

It was during this stretch of time that Sims married Theresa Jones, daughter of wealthy widow and Lancaster-based doctor. Together, the couple had a total of nine children, ultimately deciding to relocate to Mt. Meigs of Montgomery County where Sims both continued this practice of seeing to the slaves of plantation owners and battled several bouts of malaria and intestinal disorders. And while Sims' climb to fame was slow and gradual, he and his family came to accumulate a considerable amount of wealth, owning 17 slaves, an estate, and a separate building for treating patients by the year 1850. It is worth noting, however, that Sims' social and economic ascension can be wholly attributed to his experimentation on enslaved peoples. He even notes in his personal memoir, *The Story of My Life*, that without the ability to 'practice' or perfect his techniques on slave bodies, he would not have later catered to the 'aristocratic families' of Montgomery (The Story of My Life).

I lived a whole year in Montgomery, most of the time in bed. By-and-by, my health began to improve. At the end of two years, I was getting into practice among the rich people of the city. I had the Cromelins, the Pollards, the Balls, and others. These belonged to the upper-crust; and the fact of my being physician of these aristocratic families naturally interested others. But really, I had to begin at the very bottom. The first people who took me up were "free niggers."

Quite literally, Sims garnered his success off of the backs of slaves, ascending the ladder from the 'very bottom' to the 'upper-crust...the Cromelins, the Pollards, the Balls, and others." That is, black individuals opened doors for Sims, granting him access to a wider and more elite league of consumers likely in exchange for shoddy services or rudimentary medical techniques. In other words, the enslaved peoples upon which Sims practiced his medical treatments were trial runs — deemed necessary in order to prove his worthiness or legitimacy to higher social classes. In this way, the 'Father of Gynecology' began building his notoriety at the expense of the invisible mothers, sisters, and brothers so integral to the solidification of his medical repertoire. To this end, Sims developed methods for treating cleft palate before moving onto the more controversial subject area of gynecology. It was at this point that he began to experiment on enslaved women suffering from vesico-vaginal fistulae (VVF) and recto-vaginal fistulae, both of which involve the tearing of tissue along the vaginal-bladder-rectum area as a result of prolonged or complicated labor. Sims notes his rise to power and the unique setting in which he thrived (Oodua Pathfinder):

I was the first man at the South that had ever successfully treated club-foot. I was also the first man that had ever performed an operation for strabismus, or cross-eyes. At the end of five years, I had established a reputation as a judicious practitioner and as a skillful surgeon, and was getting as much as I could do. Montgomery had always had an able set of medical men. They were talented, and I never saw a town where there was so little bickering and jealousy between doctors. A few valuable and able men at the head of the profession kept the others in the proper line, and in the right way, so that their influence was salutary. When head men fall out, the small men follow. There were not many small men among the profession in Montgomery. They were nearly all men of the highest character as gentlemen, and they were skillful physicians besides of learning and ability. The leading men of the day were Drs. Holt, McCloud, Ames, McWhorter, and Henry, and all of them were busy, with as much as they could do.

Montgomery, or the South more generally, was less saturated in terms of its market for doctors. Further, it was a unique economic landscape in that there were a select number of 'valuable and able men,' all of whom evenly fluctuated such that 'when head

men fall out, the small men follow.’ Consumer behavior, or the demand for doctors, was equally nonvolatile as plantation owners ultimately decided the flow of medical treatment on behalf of a large body of slaves. And although the enslaved population was technically a consumer of medical services, they lacked the agency to consent to these treatments or actively participate in the market as slaveholders were the primary actors in these transactions, speaking on behalf of slaves and their bodies. In fact, plantation owners often formed deals with doctors, allowing them to exploit and experiment on the bodies of their slaves under intentionally loose constraints. In the case of Sims, there was no exception (Journal of Medical Ethics).

As such, three local plantation masters agreed to each lend out a singular female slave to Sims — Lucy, Betsy, and Anarcha — therefore consenting on their behalf and stripping these women of their respective freedoms to govern their bodies. Each of these women had suffered from vesico-vaginal fistulae. In the case of Anarcha, she had suffered a three-day delivery at the age of seventeen. And while Sims perhaps put an end to the pain of her labor, he dramatically extended her suffering by subjecting her to over thirty surgeries without the use of anesthesia. In fact, even Sims’ rhetoric points to the transactional quality of this arrangement. Put simply, he cares little for the actual humanity that resides within each woman, choosing to instead treat each female body as an asset that is to be used and ultimately returned to its owner in its original state.

I made this proposition to the owners of the negroes: If you will give me Anarcha and Betsey for experiment, I agree to perform no experiment or operation on either of them to endanger their lives, and will not charge a cent for keeping them, but you must pay their taxes and clothe them.

Notice how Sims addresses this proposition ‘to the owners of the negroes,’ entirely forgoing any mention of the women at hand. Rather, these women are rendered abstract forms, mere bodies — to be pulled in any direction and placed in any condition per Sims’ will and vision. And in creating this ‘partnership’, the women are entirely removed from the decision-making process. Instead, Sims places his energy in the tangible logistics of this exchange, noting that he will ‘perform no experiment or operation on either of them to endanger their lives,’ as if Lucy, Betsy, and Anarcha are

units of livestock to be transported and returned to graze in the pasture just as they did before. Perhaps the most explicit demonstration of the lowly stature of these women is the financial aspect of this trade. Sims notes that while he will not charge for his medical services, he expects their base expenses to be paid. In this way, there is a zero-sum maintained, reflecting the ways in which these women were viewed as mere vessels — containing no real value or opportunity for growth — to be used solely for Sims' own scientific visions, inquiries, and motives.

Sims continued this discussion with the expansion of his programs, acquiring new patients from local plantation holders. Over time, he introduced the technique of drugging his 'patients' with opium as to fully immobilize and dominate his subjects. Of course, this proved unhelpful in numbing any pain incurred during surgeries as he did without the use of anesthesia. Rather, this method more so strengthened Sims' control over these bodies, essentially rendering them without the means to counteract his operations and limit the possibility that these enslaved women would not cooperate (Encyclopedia of Alabama).

I got three or four more to experiment on, and there was never a time that I could not, at any day, have had a subject for operation. But my operations all failed ... this went on, not for one year, but for two and three, and even four years.

Here, Sims quickly enumerates the increasing number of his 'patients,' calling attention to the ease with which he was able to obtain and experiment on these black female bodies. This can almost entirely be attributed to the fact that, at the time, these women could not personally give or revoke their consent because they were considered property and remained without jurisdiction over their own movement and/or reproduction. In this same phrase, Sims then proceeds to expend more energy focusing on his frustration and the fact that his visions have not yet been perfectly achieved.

These failures continued for not 'one year, but for two and three, and even four years.' A turning point came, however, with Sims' invention of the duck-billed speculum and the sigmoid catheter, allowing the doctor to attain a greater vantage point and visibility when investigating cases of vesico-vaginal fistulae and recto-vaginal fistulae (NPR).

Lucy's agony was extreme. She was much prostrated, and I thought that she was going to die. ... After she had recovered entirely from the effects of this unfortunate experiment, I put her on a table, to examine.

These innovations were not without harm to Sims' initial subjects for experimentation. While these tools granted Sims greater access to the areas of interest in evaluating vesico-vaginal fistulae and recto-vaginal fistulae, their preliminary iterations were not without flaws that, upon insertion to the body, caused extreme pain or worsened the status of an already sensitive area.

Once again, it can be observed that the women upon which Sims experimented were powerless and un-consenting. Upon perfecting his instruments, Sims' fame began to extend beyond the Southern realm, reaching the cities of Philadelphia and New York. Further, with his publication of an article covering his intensive research on vesico-vaginal fistulae and recto-vaginal fistulae, he quickly become a topic of interest for medical practitioners situated in the North (BBC)

Sims crafted this publication, among other elaborate descriptions of his research, while spending time in New York in December of 1852. At the time, he was suffering from an extreme bout of gastro-intestinal pain. While seeking a tamer environment in New York, Sims began drafting a history of his operations to be published in "The American Journal of the Medical Sciences," overseen by Dr. Isacc Hays.

I had supposed that in New York I was better able to control my diet; but subsequent observation proved that that was not the case. The cause of my being better in New York and Philadelphia than elsewhere was the fact of the purity of the water of those two cities. In all New England, where I had been, the water was hard, and hard water was and is very injurious to the irritated mucous membrane of the gastro-intestinal canal.

I returned from New York, in the last of October, a little improved, and dragged through the winter very miserably, and tried to work; but I was not able to do a great deal. True, I

was better than I had been; but I was never free from diarrhea. I was thin and emaciated, and exceedingly irritable. At last I was compelled to go by my bed. I thought that I should die. While lying in bed I wrote out the history of my operations for vesico-vaginal fistula for the press, and sent the article to Dr. Isaac Hays, the editor of "The American Journal of the Medical Sciences." It was published in the January number of that journal (1852), as my last free-will offering to the medical profession before I should quit this world.

And while Sims notes the extent to which he carefully articulated his procedures, controls, and observations, he fails to atone for, or even recognize, his exploitive and dangerous actions towards Lucy, Betsy, and Anarcha, among others. In fact, Sims, instead, brings attention to the "trials, tribulations, and sufferings that [he] passed through" (259, *The Story of My Life*) in the summers of 1849, 1850, 1852. In this way, he blatantly ignores the ways in which his research violates essential ethics or denies a vulnerable population basic dignity. Rather, Sims focused his energies on his own health issues, writing that he suffered sun-stroke, nausea, digestive issues in place of illuminating the horrors Lucy, Betsy, and Anarcha were subjected to in order to solidify his theories (NPR).

Only one year later did Sims decide to permanently settle in New York as it was the best climate for his symptoms. And while it had been a year since the publication of his writing, the *New York Times* printed an announcement concerning the general migration of his methods and research in anticipation of his physical move to the North. Because of his ability to repair the areas affected by vesico-vaginal fistula, Sims quickly gained notoriety for himself in the North. It was here that he established a private practice on the East Side. Many of Sims' earliest supporters were doctors affiliated with Columbia University — Dr. Mott, Dr. Francis, Dr. Buck, Dr. Watson — often requesting that he perform some of his operations with the silver suture at the New York Hospital — the same hospital, founded in 1771, where students of the College of Physicians and Surgeons practiced in depth dissections at the onset of the College's establishment, particularly during the 1788 Doctors' Riot (*The Story of My Life*).

Columbia's College of Physicians and Surgeons was no stranger to the use of black bodies for scientific inquiry. In fact, the College was the first in New York, and the second medical school to engage in the disturbing practice of corpse-robbing and body-snatching of enslaved peoples. By way of background, Columbia's College of Physicians and Surgeons required its students to study the subjects of: surgery, anatomy, practical anatomy, obstetrics, gynecology, physiology, and chemistry. And while many of these disciplines were taught in theory, the College placed importance on the physicality of the body, requiring that students attend Demonstrator's Hours in which they would dissect and analyze human corpses. Where the College makes explicit reference to these biweekly dissections, they entirely forwent any mention of the source of these bodies. There is no question, however, that the College depended upon a supply of illegally obtained bodies — all of whom belonged to either former slaves, black workers of the University, felons, and/or drifters. A band of Resurrection Men, referring to themselves as the Resurrectionists, would scour the graves of slaves, black laborers, porters, servants, and generally marginalized peoples, breaking and entering the singular space — a simple area allotted for burial — allowed to these victims of oppression in their lifetime. In other words, the Resurrectionists and the College of Physicians and Surgeons, which depended upon and profited from this encroachment, stripped these people of their symbolic freedoms upon death, denying them the single space — the grave — they could occupy without much restriction in the afterlife (New York Times). That is, the University harvested much of these bodies from the African Burial Ground — a plot of land in what is now Lower Manhattan — without the consent of the individuals of their families, therefore prolonging the condition of human bondage and oppression. And while these practices extend beyond the scope of the paper, it is no surprise that a University that engaged in this process would fail to take issue with Sims and his exploitation of black women Lucy, Betsy, and Anarcha (Columbia University Rare Books and Manuscripts Library).

For both parties, the black body's utility was to fully serve the white man, during and following life. Further, the slave bodies upon which Sims and the students of the College experimented were perceived as mere commodities attached to a transaction — for Sims, the slave women were livestock to be farmed and sold to market by a plantation

owner, and, for the University, black bodies were simply decaying matter whose utility could stand to be more exhaustively exercised. Regardless, in both cases, the perpetrators of these acts — Sims and the students of the College of the Physicians and Surgeons — felt entitled to absolute ownership and manipulation of the black body, never pausing to evaluate or acknowledge the humanity that resided in each.

Upon examining the Medical Department of Columbia College's Order of Lectures-Session of 1880-1881, it becomes clear that classes operated on a six-day rotation calendar and were conducted in theater-style lecture rooms spanning one hour time slots. Further, it is worth noting that, "Demonstrator's Hours [were held] in [the] Dissecting Room [from] 2 to 4 P.M. [and] 8 to 10 P.M." (Order of Lectures-Session of 1880-1881). In this way, it can be understood that professors of the College of Physicians and Surgeons - Professor Sabine of anatomy, Professor Chandler of Chemistry, and Professors Markoe and Sands of Surgery, to name a few - performed dissections of human cadavers twice daily, six out of the seven academic days. This amounts to, at the very minimum, twelve corpses per week. In this way, the University, namely the College of Physicians and Surgeons and the related medical institutions that followed this example, actively extended human bondage beyond death.

It may be that anatomy as a formal subject matter abstracted human bodies, such that students did not consider where the individual cadavers they studied came from. In any case, the centrality of anatomy to the College of Physicians and Surgeons suggests why Columbia would be so anxious to locate useable bodies. But the anxiety felt by educators to source usable bodies did not end with their need to supply students with tools for dissection. In fact, there is evidence that administrators felt a need to hide this practice, fearing that the University may be found out for its blatant violations of human respect and decency: quite literally, trespassing perhaps the most sacred space held by a human — the burial site. In the College of Physicians and Surgeons Board of Trustees Minutes and Faculty Minutes, there is an entry from 1814 that reads as follows:

Whereas rumors of an unpleasant nature are circulated purporting that bodies from the cemeteries of the City have been brought to this College for dissection: And Whereas

the Trustees of the College wholly discounts nonce such mode of obtaining subjects for anatomical purposes. Therefore resolved that the Professor of Anatomy be, and he is hereby instructed to take special care that the subjects procured for anatomical and surgical purposes be legally obtained, and that he superintend the introduction of all such subjects, and the employment of them in a decorous and proper manner.

From the rhetoric alone, it becomes clear that the instruction to ‘take special care that the subjects procured for anatomical and surgical purposes be legally obtained’ was less so a moral one, but, in fact, one that stemmed from fear of the University being found out, accused, or fined by New York law. There is no mention of the black body market that ran rampant from the time of the College of Physicians and Surgeons’ inception or the ways in which the corpses of marginalized peoples were vulnerable to the cadaver trade — such that human bondage and oppression never seemed to cease. Rather, the sole concern is to maintain an outward image that did not reflect the hidden abuses of the University. In fact, it is only a few pages from this entry that the Board of Trustees discuss their institution as a defender of human integrity and advocate of intellectualism. Certainly, then, the Trustees who composed this book assumed a narrow view of ‘human’ in that their protection of a person’s ability to feel respected and decent does not apply to the black men and women that so suffered and faded away in their hands. In the same way that the College of Physicians and Surgeons sought to keep up this veneer, Sims gave little attention to his first experiments — many of which involved the physical endangerment of black slave women, a total void of anesthesia, and general recklessness in his treatments applied to the black body.

With a knowledge of the University’s history of abuses now established, it is clear as to why Columbia administrators failed to criticize or challenge Sims methods. Rather, the physicians at the College most likely felt that their approaches to research and material-sourcing were akin to that of Sims. In this way, the circle of high-ranking doctors in New York, whether they be those affiliated with Columbia’s College of Physicians and Surgeons, the individuals at the New York Hospital, or newcomer Sims, were all familiar with one another and the work performed by each member of this close-knit scene. And

when Sims began his own private practice, news of this development reached this very demographic.

Dr. J Marion Sims' monograph on the treatment of Vesico-Vaginal Fistula — first published in Dr. Hays' Journal, is now republished in pamphlet form. For the sake of his health, the Doctor has been obliged to abandon his home in Montgomery, Ala, and seeking another, we are happy to say, locates in our City. Here he has opened an Infirmary for the treatment of the accidents of parturition, at No 79 Madison-avenue. The readers of the now Medical Monthly and of Reese's Gazette, will guess Dr. Sims' ability, from the papers he has already furnished those magazines.

In fact, one of Sims' very first operations occurred at the New York Hospital under the supervision of Dr. Buck on a patient of his, Mrs. Crane, who was suffering from a lacerated perineum. Sims proceeded to successfully cure her of her deformities and later proceeded to train Dr. Buck, Dr. Mott, and Dr. Alexander B. Mott, among others, in using his instruments. All around the City, physicians from Columbia University and the New York Hospital requested to borrow his tools, seeking instruction from Sims as to apply his methods and vocabulary to patients of their own. Of course, patients receiving aid in New York from Sims and his followers were primarily white and of a wealthy status — all of whom suffered from some form of vesico-vaginal fistula, lacerated perineum, or parturition. Not once did the beneficiaries of Sims' tools and/or instruction recall the women who came before — Lucy, Betsy, and Anarcha. Put simply, without these black women's suffering or the immense pain inflicted upon them — each woman enduring over thirty surgeries in order for Sims to adequately test and revise his methods — the more elite clientele receiving a seamless operation would be without the aid they required.

To Sims' surprise, his trainee doctors took to his methods quickly, swiftly adopting his practices such that they no longer required his instruction. Frustrated to have been left in the dust, he vowed to establish his own institution. It was at this moment that Sims conceived the idea of forming a Women's Hospital. Turning to his fellow colleagues for support — Dr. Francis, Dr. Mott, Dr. Stevens, many of whom were instructors at Columbia's College of Physicians and Surgeons — he began proposing this idea. It is

worth noting that without the support of Columbia University, the professors, or the leadership of the College of Physicians and Surgeons at the time, Sims would never have been able to secure an institution of his own or the notoriety thereto attached (Columbia University Irving Medical Center).

I had become acquainted with Dr. Francis. I told him of the great discovery I had made; I spoke to him on the necessity of a hospital for the treatment of the diseases of women, in which their improvement could evidently be effected. He took up this subject with great enthusiasm, and advised me to go at once and lay it before Dr. Mott, Dr. Stevens, and some others. I went and saw Dr. Mott and had a long talk with him. He encouraged me in the idea, and said he would be glad to help me in any way that he could. I went and saw Dr. Alexander H. Stevens. He said, 'I have read your articles on Vesico-Vaginal Fistula with the greatest interest in the world, and I think that you ought to have a field in which you can work. Now, the Episcopalians are building a hospital, or about to — St. Luke's; and I will give you a letter to the Rev. Dr. Muhlenberg. He is its founder, and the leader in the movement. I will recommend him to set aside a ward in his hospital expressly for diseases of women, and that you be made surgeon of it.' He continued, 'Let me tell you what I will do. I will call a meeting of the profession, at the College of Physicians and Surgeons, and then you can explain all your views to the profession precisely as you have to me, showing the necessity for a new hospital for the treatment of the diseases of women. Thus you will be properly introduced to the doctors of the city, and I have no doubt but that the thing can be accomplished.'

It is worth noting that when Dr. Francis referred to 'the doctors of the city,' he specifically recalled the individuals who either work under or operate Columbia University's College of Physicians and Surgeons. In this way, it becomes apparent that the body of individuals at the College held much of the power and influence surrounding medicine and its related institutions. Further, it was through this partnership that Sims not only secured a ward in the Episcopalians' hospital, St. Luke's, expressly for diseases of women but also materialized his plans for opening a medical center of his own. And, in doing so, Columbia's College of Physicians and Surgeons implicitly accepted his practices of exploiting the bodies of Lucy, Betsy, and Anarcha, among others, failing to

take issue with his numerous research ethics violations and malpractices. Rather, the physicians of Columbia used their influence to pull Sims up the ranks of the New York medical scene, thereby affirming and approving of his blatant experimentation on female slave bodies as to expedite his own personal motives and financial gain (*The Poor, the Black, and the Marginalized as the Source of Cadavers in United States Anatomical Education*).

This understanding, however, quickly fell through when tensions between Sims and his Northern counterparts mounted. According to Sims, the physicians of Columbia's College of Physicians and Surgeons grew jealous of his growing success, proceeding to exercise their Northern prejudice against [him], a Southern man. Failing to acknowledge his own prejudice against peoples of color, Sims turned to Mr. Beattie and Henri L. Stuart of New York University to establish yet another partnership in hopes of moving along his own project of opening up a hospital. And while Sims hoped to exclude the College of Physicians and Surgeons from this narrative, the academics at New York University strongly advised him to "appoint men on the committee who represent the whole profession...[therefore suggesting that he] represent the three medical colleges — Dr. Stevens, as president of the College of Physicians and Surgeons; Dr. Green, as president of the New York Medical College; Dr. Mott, of the New York University; and Dr. French [representing] the obstetrical branch of the profession" — all of whom received Sims' proposal of a women's hospital (*The Story of My Life*).

With this combination, Sims prepared a lecture to be read in front of New York's medical influencers — a third of which were comprised of Columbia physicians, professors, and medical students. In doing so, he also attracted the attention of powerful families, namely Mr. and Mrs. William E. Dodge, well-known benefactors of Columbia University, who supported his efforts. This, ultimately, culminated in the establishment of The Women's Hospital at 83 Madison Avenue thanks to the financial backing of Sarah Platt Doremus, the prospective President of the Hospital. It is worth noting, however, that in order to construct the buildings necessary for Sims' vision, the City had to first unearth and relocate 47,000 bodies buried beneath the plot of land Sims and his financial backers purchased. The area under which the hospital was originally located was home

to a burial ground for New York in the 1832 cholera outbreak. These bodies, many of whom belonged to the poor, the malnourished, the marginalized, and the populations most vulnerable to health epidemics, were swiftly relocated to Ward's Island. One cannot help but draw a parallel between this massive excavation and the cadaver trade upon which Columbia's College of Physicians and Surgeons so relied — both of which tampered with the human corpse, largely that of the marginalized, post-mortem without consent (Columbia Daily Spectator).

Following the hospital's initial successes, Sims launched several new projects in Europe, treating the aristocratic classes of London, Paris, Edinburgh, Dublin, and Brussels, including Empress Eugénie, wife of Napoleon III. Just as Sims failed to mention his earliest experiments on black slave women when he began servicing the more affluent circles of Montgomery and New York, he, once again, erased Lucy, Betsy, and Anarcha from his scientific and professional narratives upon gaining access to the elite populations of Europe. There is no denying, however, that Sims progressed his career at the explicit cost of harming women, children, and men of color. And without these first 'patients' — perhaps a more fitting word is victims — Sims' practice, inventions, visions, and Women's Hospital would undoubtedly be without support let alone exist as actualized entities.

Sims' hospital crossed paths with Columbia yet again in 1906 when the Women's Hospital was formally integrated into the St. Luke's Roosevelt Hospital Center and relocated to 114th street and Amsterdam Avenue, just east of Columbia University's Morningside Campus. To this day, students of the College of Physicians and Surgeons and undergraduates of Columbia University look to Mount Sinai St. Luke's Roosevelt Hospital Center as an extension of the Morningside campus, perceiving its medical wards as incubators that ultimately foster human exchange, industry expertise, and valuable skillsets for entering the field of medicine. What these students and administrators fail to recognize, however, are the abuses enacted on Lucy, Betsy, and Anarcha, among the dozen other slave women Sims experimented on that made for this partnership (Mount Sinai St. Luke's). The healthcare industry continues to be haunted by Sims and figures like him who expanded their toolkit and caring repertoire at the

expense of vulnerable populations. And while the past cannot be rewound, there are actionable steps that can be taken — such as those by the communities of East Harlem and El Barrio in dislodging Sims' bronze body from the Park — that can help to illuminate the silences so engrained in medical historical narratives.

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