

Sawbones 244: Memorialization and Medical Ethics

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Intro (Clint McElroy): Sawbones is a show about medical history, and nothing the hosts say should be taken as medical advice or opinion. It's for fun. Can't you just have fun for an hour and not try to diagnose your mystery boil? We think you've earned it. Just sit back, relax, and enjoy a moment of distraction from that weird growth. You're worth it.

[theme music plays]

Justin: Hello everybody, and welcome to Sawbones, a marital tour of misguided medicine. I'm your cohost, Justin McElroy!

Sydnee: And I'm Sydnee McElroy!

Justin: I had a nice, relaxing drive, Syd, uh, this afternoon. I got my car back. You know, of course, as everyone knows – I think it's been a hot topic – I got a flat tire on Norway Avenue.

Sydnee: Mm-hmm, yes.

Justin: They fixed up, at the dealership, my Honda Pilot. And then you know what I did after that? I just took a nice drive around to celebrate having a car. Uh, enjoy the privilege of having a motor vehicle. We take things for granted sometimes.

Sydnee: With four tires that work.

Justin: Four great tires!

Sydnee: Mm-hmm.

Justin: That cost... a lot of money, and I'm still kind of upset about the pothole. But anyway...

Sydnee: Where'd you go?

Justin: Uh, I went down to campus. You know, living in the town that you went to college in is kind of cool sometimes, 'cause you get to, like, drive around and see the—the young—the young'uns, you know? Prime of their lives, partyin', hoistin' brews with their buds—

Sydnee: Well, I was thinkin' more that they were about to embark on this college experience—

Justin: I don't miss that part, though.

Sydnee: —that some people enjoy. The learning, and the...

Justin: I miss the part where I just—

Sydnee: ... changing and the—

Justin: —didn't have any responsibilities and was partying with my buds.

Sydnee: You and I had different college experiences.

Justin: That is fair. It took me—I liked it so much I—I hung out for five years.

Sydnee: [laughs]

Justin: In there. So I guess maybe I liked it just a little bit more than you. Uh—

Sydnee: Sure.

Justin: It's fun going through campus, though. But our campus has actually been—there's been, uh, some controversy lately.

Sydnee: That's—that's true, Justin. So, one of—as is true on many college campuses, our halls are named for various individuals. There's, like, a Corbly Hall and a Harris Hall, who I assume are named for people—

Justin: And a science hall.

Sydnee: I don't know. There's the science building.

Justin: Science building. Do your bit! Do your science building bit!

Sydnee: [sighs] You're just gonna make fun of me more for it!

Justin: I promise I won't. Just do your bit.

Sydnee: I always say, "It's the Science Building! You know, it's named for... Alexander F. Science. Who of course was... a journalist." [pauses] [laughs quietly]

Justin: And not a scientist. That's kind of the great—I think it—

Sydnee: Anyway, it's called the science building because they haven't named it for me yet, right?

Justin: Boom!

Sydnee: The Sydnee Building.

Justin: The Sydnee—[snorts] [through laughter] Wait, hold on! The McElroy Complex!

Sydnee: Well, I was Smirl when I went there, and Smirl—I'm not now, so either last name doesn't work. It's just the Sydnee Building.

Justin: [holding back laughter] I think the important thing is, you are not Confederate general Albert Gallatin Jenkins.

Sydnee: That's right. Jenkins Hall is named for a Confederate general who—I didn't know this when I went to school there.

Justin: Yeah, no.

Sydnee: And I would imagine many people didn't.

Justin: Right.

Sydnee: Because you don't always know who—the namesakes of these halls. But it has been—it has been written in the campus newspaper, and I think a lot of people have made the revelation now that this hall, Jenkins Hall, is named for a Confederate general who owned a fairly large, slave-run plantation. You know, he owned slaves. Uh—uh, Green Bottom, up on the Ohio River here in West Virginia, on the West Virginia side of it. And, uh, he was a really bad guy?

Justin: Mm-hmm.

Sydnee: Um, aside from obviously... being someone who owned slaves, he, uh, would—because he lived right on the river, and across the river was Ohio, where people... were free, uh, he—he led hunts to track down escaped slaves. And he was a terrible person.

Justin: Bad dude!

Sydnee: And for whatever reason, we named a hall after him on campus, and the—it's currently undergoing renovations and refurbishments, and this would be a great moment, I think, for us to stand on the right side of history and rename it for someone who is deserving of having anything named after them.

Justin: Or related to education, 'cause it's an education building.

Sydnee: Yes. Yeah, it—

Justin: Not an education building in the sense that all buildings [through laughter] at a university are education buildings, literally—

Sydnee: You teach teachers.

Justin: —teach teachers there.

Sydnee: Yes. So—so there are a lot of great figures you could highlight. Not this guy.

Justin: Not this cat.

Sydnee: So, uh, in light of that, I started thinking about the fact that in medicine there are—there have been a lot of discoveries made by people who... [pause] Weren't great, and there's always the argument, "Everybody exists in the time in which they live." Um, but I—I call shenanigans on that.

Justin: Mm-hmm.

Sydnee: Sometimes. I think that we need to distinguish the stuff we've learned from the people who have obtained that knowledge, and, uh, one figure that

comes to mind in medical history that we have never done a show on, but that—we've actually gotten a lot of emails over time requesting this topic.

Um, and I've always shied away from it 'cause it's not—well, there's nothing funny about it, first of all. And secondly, it's a—it's a darker note in medical history. Not just this specific figure, but it highlights that there are lots of points like this in scientific discovery where vulnerable people were put at risk and experimented upon in order to obtain knowledge, and, uh—but I still think we should talk about it. It's important to talk about it and learn from it despite that.

Um, so we're gonna talk about J. Marian Sims.

Justin: Okay.

Sydnee: You may have heard his name because there was some controversy about a statue of J. Marian Sims in New York. In Central Park, actually. Uh, and it was actually removed back in April because of a lot of the things that we're about to talk about.

If you've heard about him from—if you're anyone in the medical world, you may have heard him referred to as the Father of Gynecology, um, for some of the discoveries that he's made. Um, to—to get started into what he did and kind of what the whole issue is, we need to talk about vesicovaginal fistulas.

Justin: Okay. Now, let me—let me take a—take a swing. Vaginal: that's easy. Got that one. Fistulas are holes or conduits.

Sydnee: Mm-hmm.

Justin: Or tunnels.

Sydnee: Yep.

Justin: Some—uh, and then vesico is...

Sydnee: Bladder.

Justin: ... bladder. I was just about to—I would've guessed bladder.

Sydnee: You wouldn't have, but I'll give you that one.

Justin: So it's a—basically a tube or a tunnel between the bladder and the vagina?

Sydnee: Yes.

Justin: Okay.

Sydnee: Not a tube, but, like, an abnormal connection between those two structures.

Justin: Okay.

Sydnee: There should—they should not be connected directly.

Justin: Oh. The vagina and the... bladder—

Sydnee: Bladder.

Justin: —should not be connected directly. Got it.

Sydnee: No. there is no—there is not window or hole or anything in between the two, right? They are two distinct organs.

Justin: Fair enough.

Sydnee: So an abnormal connection between the two. Um, there's also something called a rectovaginal fistula, which is an abnormal connection between the rectum and the vagina. Um, same idea. These are not things that we have in our bodies naturally. They are things that arise as the result of illnesses. You know, problems, trauma, that kind of thing.

There are lots of different reasons, but one of the primary reasons that these have occurred, historically, are a result of a protracted, complicated labor.

Justin: Hm.

Sydnee: So the way that this happens is... let's say that, uh, someone is in labor. The baby has come down to the, what we call the outlet of the pelvis. So that's—

that's where it comes—that's where you come out of the pelvis, right? The outlet, you can probably figure that out.

Justin: Yep.

Sydnee: Uh, and the baby's head gets stuck, basically. This can be the result of the pelvic outlet, the pelvis itself being smaller or just shaped differently, or the baby being large. Although, a lot of times, this has been the result of pregnancy at a young age. Just when the pelvis is not fully formed yet.

Um, but basically, the baby's head presses against all those tissues as you—as the person continues to labor, and it—and the baby doesn't come out, and as it's compressing all those tissues down in the pelvis, you can actually get lack of blood flow. It's like when you—I mean, you can do that if you press hard enough on your skin and it—and it gets paler.

Justin: Mm-hmm.

Sydnee: Because you're depriving it of blood flow. Well, imagine that for a protracted period of time, intense pressure.

Justin: Okay.

Sydnee: Eventually the tissue can die.

Justin: Some cell death, yeah.

Sydnee: Yes. So you get some cell death, and then holes can form there, and as those heal, you get some abnormal connections between various parts of the body.

Justin: Mm-hmm.

Sydnee: That is the general way that these have been formed, at least in this—in this case. I'm not saying that this is only way you can get one of these fistulas. There are other conditions, but this is what we're talking about.

Uh, so if the bladder and vagina are now connected, you can have urine that continually leaks from the vagina. Which can predispose you to infections. Bladder infections, kidney infections, that kind of thing.

Um, and if there is a connection between the vagina and the rectum, stool can leak from the vagina, which, again, it can predispose you to all kinds of infections. And beyond these medical complications, there's also some obvious quality of life complications here.

Justin: Of course.

Sydnee: Um, you're constantly incontinent. That's—that's a very uncomfortable way to have to go through life. And then, depending on where we are in history, there are also a lot of social implications from this. Societal implications.

Uh, if you are continually having either of these problems, either of these incontinence issues, it may prevent you from participating in society. You may become kind of a pariah, you know? Um, and it would certainly complicate if you desired, you know, to have more children, further ability to have children in the future, and that kind of thing.

So, it was a devastating complication for people. I think that's important to note. This was, um, not a minor problem, not a, "Well, no big deal, we don't really need to bother to figure out how to fix it." Um, efforts to figure out how to fix it were certainly founded, in the sense that this was a big complication, and we needed some sort of surgery to correct it. That, I think, is fair to say.

And by the way, a lot of the research that we're gonna talk about, a lot of the things that happened all are in the 1800's, but we've known that these could form, um, way back as far as 250 BCE.

Justin: Wow.

Sydnee: We have found, uh, the mummified remains of someone who had a vesicovaginal fistula. Um, and they even noted the connection between that and the—that the pelvis was very contracted and small, and so perhaps that was why the fistula formed. Maybe it was the result of a complicated childbirth, and that exact process.

Um, we had made some attempts to try to fix these, 'cause this really is a surgical fix. There's no medicine, right? This is—this is a pure—there's a problem. It needs a surgery to fix it. For many, many years in medical history, we don't have anesthesia and we don't have proper surgical instruments, and we don't

even know how to do this without killing someone, right? So there aren't a lot of attempts to do anything for it other than surgery.

There were some notes back in the 1600's of trying to sew things back together with swan quills?

Justin: Oh, how festive!

Sydnee: [snorts]

Justin: That's kind of a very elegant... solution. I mean, not literally elegant and not, like...

Sydnee: Not like it would work.

Justin: Not like it would work, but it's, like, very fanciful!

Sydnee: Well, and it's—and the—it's very interesting. Probably not very helpful. Um, and again, a lot of—

Justin: [laughs] That's the subtitle of Sawbones.

Sydnee: [through laughter] "Very interesting, not very helpful." Uh, and a lot of these things would've been—even if—even if an appropriate surgical procedure had been created, these are all, again, done in difficult to reach places without anesthesia. So... it all would've been very hard to do.

Justin: Of course.

Sydnee: [sighs] So, J. Marian Sims is a physician working in the mid-1800's. Um, he had—he had gotten his medical degree, as it were, at the time, and started practicing in Montgomery Alabama.

Now, the practice he set up there was specifically to cater to the wealthy plantation owners in that region at the time. And, uh, not to the owners and their families so much as the people that they owned, the people who were enslaved.

And this—I wanna be very clear – this sounds like an altruistic effort that I'm describing.

Justin: It's not outreach.

Sydnee: No. No. This is not, "I want to take care of vulnerable people who are not getting appropriate medical care." This is motivated economically. There is—there was a lot of money to be made in helping a plantation owner keep their labor healthy.

Justin: Mm-hmm.

Sydnee: To keep the people that they had, um... I don't wanna say "working" for them, because that implies that there's payment.

Justin: Yes, right.

Sydnee: And obviously there was not. But to keep the people that they had enslaved, to keep them healthy and to keep them bearing more children.

Justin: Right.

Sydnee: There was a—there was a huge economic, um... you know, motivation, there. And so this is why he set up this practice.

Justin: He is—it is not an outreach to reach vulnerable people.

Sydnee: No.

Justin: That is just—that is the important takeaway here.

Sydnee: So he's there, uh—

Justin: This is someone who is viewing these people as property, and treating them for people who, in turn, view them as property.

Sydnee: Exactly.

Justin: To keep their quote, unquote "property" functioning, uh, properly.

Sydnee: Yes. So they can continue to make money.

Justin: Right.

Sydnee: Uh, so he—and this was unusual. You wouldn't—he wouldn't have seen a lot of people in his practice. He wouldn't have a lot of business typically, because most of—and this was true actually for the whole country at the time. Most medicine was done at home, right? You got sick and there were a lot of folk remedies, and you just kind of figured things out.

Justin: Mm-hmm.

Sydnee: You didn't always go to the doctor. So you would only have been brought to see him if you were pretty sick.

Justin: Mm-hmm.

Sydnee: Or if you were unable to perform a function—

Justin: Oh, right. Right.

Sydnee: —that your owner needed you to perform.

Justin: That impeded your—of course.

Sydnee: So this started when he was asked to examine a woman who had fallen off a horse and had a lot of pelvic pain as a result. He basically had to invent what was pretty much the first speculum to do so. The first—kind of the modern iteration of speculums, to do so.

And he examined her, and he found that she had a vesicovaginal fistula, and he decided that he need to come up with a way to fix these. Um, they were a major medical problem. This was something that needed a fix. It also would be a great way for him to kind of make a name for himself.

He didn't—and I should note, he didn't have any experience, necessarily, with gynecology or gynecologic surgeries or anything up to this point. He just decided that this was the thing he was going to pursue.

Now, in order to do a medical procedure, you obviously have to practice it. And to practice it, you need—I mean, throughout history we've used animals, but he wanted willing patients. And the way that he obtained patients that he could do this procedure on is that he had some plantation owners in the community who had, um, slaves who had this condition. He... I don't wanna say "bought" them.

There was no money exchanged, but he took ownership of them in order to perform these experiments and do these surgeries to perfect his technique.

Uh, the deal was, um—and there are three women that we're gonna talk about in particular, but the deal was that he would take ownership of them and be able to do whatever surgeries he wanted to do, and in exchange the—in an attempt to fix these problems—and in exchange the, uh, slave owners would pay taxes on them and provide some clothes. And... so this is the deal that was set out for the experiments that we're going to talk about.

Justin: That's gonna be after the break, and I do wanna warn you that Sydnee has briefed me on some of this, and it will not be, uh, necessarily a pleasant listen, but, uh, I think it's worthwhile. But I do want to give you a warning now, if that is not something that you would, uh, enjoy hearing. I'll give you the Cliff's Notes: bad dude! [snorts]

Sydnee: Yeah.

Justin: Very bad—very bad dude is the short version!

Sydnee: Mm-hmm.

Justin: And if you want to hear the much more, uh—the longer version and the discussion about this, we will do that right after we go to the billing department.

[theme music plays]

Justin: Our first sponsor this week is ZipRecruiter. You know how hiring used to work, Sydnee?

Sydnee: No, Justin.

Justin: Some people don't know this. You used to open up a window out of your third story office and shout, "Hey, I need—does anybody want a job? I have a job." And you wouldn't even say what the job was, and then a bunch of people would line up outside and you realize, "Oh my God, we don't even have a front door."

It was a mess. And the people were trying to climb up, and whoever could climb up to the window...

Sydnee: And then you need to hire somebody to build you a door, but you still—

Justin: Right, and then how do you hire—

Sydnee: —how do you hire 'em, and—

Justin: Exactly.

Sydnee: Yeah.

Justin: That's the old way. The new way is ZipRecruiter, with its powerful matching technology that finds the right people for you, and actively invites them to apply. It goes out and it tracks down those great folks!

It's no wonder that Trustpilot has rated ZipRecruiter number one of employers in the US. And right now, our listeners can try ZipRecruiter for free at ZipRecruiter.com/Sawbones. That's ZipRecruiter.com/Sawbones. Do it the smart way, not the old, wack way. With ZipRecruiter.

Also want to talk to you this week about Casper. You know Casper! They only make just the best mattresses... on the planet?

Sydnee: They're incredibly comfortable.

Justin: Incredibly comfortable. Incredibly comfortable. I adore our Casper mattress. Uh, I—I—you know what? Sometimes, I'll sneak in there and take a little afternoon nap. It's in our guest room next to my office. Just—

Sydnee: You take—you get naps?

Justin: —just sneak in there—

Sydnee: [simultaneously] When can you get naps?

Justin: —and get a little na—don't tell Sydnee! Uh, Sawbones is supported by Casper, and it's a sleep brand that continues to revolutionize its line of products to create an exceptionally comfortable sleep experience, one night at a time. They offer affordable prices, 'cause Casper cuts out the middle man! It sells directly to

you, the mattress consumer, but don't consume your mattress. I know it says mattress consumer here, but don't take it literally, folks.

Sydnee: Just sleep on it.

Justin: Mattress enjoyers, how's that?

Sydnee: Right.

Justin: Uh, their mattresses combine multiple supportive memory foams for a quality sleep surface with the right amounts of both sink and bounce, and you can be sure of your purchase with Casper's 100-night, risk free, sleep on it trial. Get \$50 towards selected mattresses by visiting Casper.com/Sawbones and using promo code "Sawbones" at checkout. Terms and conditions apply.

Well, Syd... [sighs]

Sydnee: Alright. So, as we set up, uh, J. Marian Sims is going to start working on perfecting some sort of surgical technique to repair vesicovaginal fistulas.

Uh, he had three women that we know their names that, um, he did most of his procedures on. There were certainly other people involved, but these are the three that we're mainly gonna talk about. Anarcha, Betsey, and Lucy. Um, and they all had these fistulas to start with, so certainly they did need them repaired. Um, but he had no idea really how to do this. Uh, and it should be noted, did not have—did not use anesthesia.

Um, he would do these procedures, his attempts, in front of a crowd of doctors, so that they could see what he was doing as well. Um, and it would take a long time, because there was no accepted method at the time for fixing these, right? So you were figuring it out as you went.

Uh, he performed the surgery 30 times over four years on Anarcha before getting it right. Um, during one of the procedures that he was attempting on Lucy, he used a sponge placed over the urethra to absorb urine. Kind of—in surgery today, we would put a catheter in someone so that their bladder just remained empty during the procedure, right? We might do that.

Justin: Mm-hmm.

Sydnee: Sometimes that happens during a surgery. That's an accepted practice. Instead, he used a sponge, so just—so urine would not get in the way, but the problem with that is that it introduced bacteria, and Lucy got a terrible infection, became septic, and almost died as a result of this.

Justin: Oh my gosh.

Sydnee: It should be noted. Um, so he did these procedures many, many, many times. He eventually came up with a surgical procedure that worked. Uh, and there's been a lot of debate about the fact that, as I said, he did not use anesthesia.

At the time that he was doing these procedures, anesthesia was not used all the time. We actually just did an episode on ether, right? And we talked about how it wasn't until about 1846 that everybody was using... ether.

Justin: Mm-hmm.

Sydnee: Um, these were done in 1845, and so many have argued that he wasn't using anesthesia simply because it wasn't done, right? It wasn't—it wasn't common practice, and I think it's fair to say that it was not used by everyone, but as we have noted, it had been used previously. Ether had been used as early as 1842.

Justin: Right.

Sydnee: So this wasn't—um, and—and he was not operating in a vacuum. There was knowledge that ether could be used. There was knowledge that there were attempts made to anesthetize patients while they were having procedures done. Um, how much of it he knew, I don't know. I can't go back and say. But anesthesia was being used by some people at this point in history. Not by everyone.

Um, he did go on to perform these procedures on other patients who were not enslaved.

Justin: Mm-hmm.

Sydnee: Um, and he didn't use anesthesia on all of them. Although, eventually, he was routinely using anesthesia. Um, and there, again, has been debate about,

is that because it was just following the accepted, like, procedures at the time? Eventually anesthesia became the norm, and so, that's why he wasn't and then was. There's also been some conversation that Sims made some comments, he documented comments that he didn't think the procedure was very painful anyway.

Justin: Good guy—the guy didn't—the man didn't—

Sydnee: Right.

Justin: —the man didn't think that... [grumbles]

Sydnee: Now, this is wrong. It—it would be a very painful procedure to undergo, um, without anesthesia. I don't know if I need to say that.

Justin: Hey! I may be a white dude, but even I know that would be definitely the truth!

Sydnee: [laughs quietly] There—there—I always think, 'cause—as we're getting into kind of the conversation about this, there have been surprisingly a lot of, uh, published opinions in his defense.

Justin: From, like, the 1800's?

Sydnee: No, like more recent. And that—that really kind of took me aback, 'cause I thought this was a pretty clear-cut case. Um... whatever you think about that time period in history, uh, there were obviously people who knew that it was wrong to own other humans.

Justin: Right.

Sydnee: So it wasn't accepted by everyone that this was okay.

Justin: It wasn't like we just discovered that people who are not white are also human beings. This is not new information. I'm sorry, it's not. Like, sorry. I don't wanna get into the whole, like, "Was slavery good or bad?" thing! It's 2018, apparently we have to have those conversations! But, like, it was bad! And, like, some people knew it was bad, and some people pretended like it wasn't.

Sydnee: Yes.

Justin: That—yes.

Sydnee: Everyone knew it was bad.

Justin: Everyone knew it was bad!

Sydnee: Whether they participated in it or not, everybody knew it was bad.

Justin: Some people really wanted some money!

Sydnee: Yeah.

Justin: Like, I—okay.

Sydnee: So—

Justin: I'm not gonna litigate the Civil War again. [laughs] Still bad! It was very bad.

Sydnee: No, well—and I don't think—I just don't think it's fair to say, "Well, you got to consider the time someone lived in." I think we say that a lot on the show when we're saying, "Well, they used mercury because they thought mercury was an appropriate treatment, but at the time, everybody was using mercury, so..."

I mean, I think, like, that kind of thing we can look back and say, "Well, it was the time period. We can forgive that." I think that... owning people is wrong and we've always known that, right?

Justin: Mm-hmm.

Sydnee: Whether or not you decided to do it, we knew it was wrong.

Justin: Right.

Sydnee: So I don't think we forgive that. Um, and we also... he was called into question. This procedures, experiments that he was doing, were called into question by other physicians in his day.

Justin: Hm.

Sydnee: There were other people in his time who were saying, "Whoa, whoa whoa whoa, what are you doing—no, you can't keep doing that! That's not okay! That's not okay, that's—you're harming someone! You are first doing harm! You're violating—" I mean, the Hippocratic Oath isn't new.

Justin: Right.

Sydnee: Not even in the 1840's.

Justin: Yeah, and it's—I think it's important to note that, like, we're not just talking about... slave ownership. We're talking about somebody who, like... dehumanized and tortured, I would argue, tortured people in the name of medical science, because they didn't believe that they were on the same level of humanity as they were.

Sydnee: Yes, and it—and to add to that, he was of the opinion that, uh, black people did not feel pain the way that white people did. So I think whether or not he—you can argue the anesthesia question all you want, but even if it had been readily available, would he have used it? I don't know.

Um, and again, the fact that he sometimes didn't use anesthesia on women, I don't think—later on white women—I don't think that that excuses anything, because women's pain has always been underappreciated by male physicians. Like, even today, women are much less likely to be taken seriously with pain complaints than men.

So, just because he was sexist doesn't mean he was also... racist. Of course he was. I mean, both can exist.

Justin: Right.

Sydnee: Um, and to add to all this, he also did an experimental procedure on newborns. And, again, these were—because he was catering to the plantation owners, these would've been babies born of their enslaved populations.

Uh, he—he noticed a high rate of neonatal tetanus, what was called trismus nascentium, and this probably... by the way, the real reason this was happening was usually because of infections of the umbilical stump, so where the umbilical cord was cut. If—if, because you are living in conditions that do not allow things to be sanitary, right? A lot of these people weren't—I mean, the slaves were not being housed in sanitary conditions.

These babies were exposed to unsanitary conditions, and they could have a higher rate of this neonatal tetanus was occurring. This is why it was happening. He thought it had something to do with difference in the skulls, between various races. And so, in an attempt to fix this, he started trying to pry open and widen the skull bones of newborns.

Justin: Mm.

Sydnee: With what was essentially, like, an awl, used for shoe making.

Justin: [inhales and hums uncomfortably]

Sydnee: Um, this procedure, if you want to call it that, had a 100% mortality rate. Um, and he blamed it on not his procedure, not the fact that people were living in unsanitary conditions that they had no control over, but – and this is a quote, "The sloth and ignorance of their mothers, and the black midwives who attended them."

Justin: Ugh.

Sydnee: So I think—I mean, I don't say this to belabor the point. I just—there have been a lot of modern arguments that we can still celebrate this man, and my modern argument would be that we absolutely cannot.

Justin: There we go!

Sydnee: [laughs quietly]

Justin: I—I—I agree with Sydnee! [through laughter] After much consideration—

Sydnee: Just to finish off his story, he eventually did get around to his goal, which was operating on rich white women. That's what he was aiming for with his experiments. He did do it, and while he did these other procedures that would work to fix a vesicovaginal fistula, he also did things like remove ovaries to cure hysteria.

Justin: We've been—we've done that one.

Sydnee: Mm-hmm.

Justin: We hit that one in the past. Check out our hysteria episode. I think it's pretty early on.

Sydnee: Yeah.

Justin: In Sawbones. But that's not real.

Sydnee: No, that's not real. And if you—and, by the way, these were done at the request of whatever the male guardian was, so a father, a brother, a husband, whatever. Um, if they—let's say, uh, Justin, you brought me in for improper sexual behavior, he would also, at your request, perform a, uh... removal of the clitoris.

Justin: [sighs]

Sydnee: So. He also would keep patients in the hospital for a long time on opium after the surgeries so that he could do more surgeries on them. I don't think—I think this was in experimentation, not for fun. I don't mean to insinuate that, but I don't know that that's any better.

He did, um, some good stuff that he is noted for, but I don't—I don't think that you memorialize someone who does all this. I think that we have this information, he had a procedure that fixed a vesicovaginal fistula. That has been documented.

We can learn that and not celebrate his memory. Those two things can happen.

Justin: Right.

Sydnee: I mean, there's a difference. There's a lot of stuff that we talk about on this podcast that we've learned, and we don't celebrate the people who obtained the information. Um, and as as I said, there—this happened—there was a controversy about this recently because of the statue in Central Park, and it was removed in April and moved to Greenwood Cemetery, I believe, where he is buried.

Um, there are other memorials to him, other places, where I think you could still have this debate. Um, should they be—and some of them have been removed, some of them haven't.

And there is a—there is precedent for this in medical history. One thing that came to mind as I was hearing this story—'cause I had never heard of Sims in medical school. Nobody taught me about him.

Justin: Right.

Sydnee: Um, to their credit, maybe.

Justin: [through laughter] That's something, right? I mean—

Sydnee: Yeah. Nobody taught me about this guy. I know about fistulas, I know about this surgery, but nobody every taught me about him.

Justin: But—I mean, not to get off topic, like, nobody ever taught you about him, but that is, like... part of the problem, right? Like, you have to learn these lessons, too.

Sydnee: Yes, that's true, that's a good point.

Justin: Because medical history is littered with people who made the decision, took it upon themselves as human beings to say, "This knowledge is worth someone else's suffering."

Sydnee: Yes.

Justin: Like—you know what I mean? Like, it's—people have made this decision throughout medical history.

Sydnee: And again, you can't excuse it by basing it—"Well, at this point in history—" The Hippocratic Oath says "First, do no harm." And that's pretty frickin' old. That's ancient. [laughs quietly]

Justin: Yes.

Sydnee: It's Hippocrates. Human beings have inherently known, it has been ethically wrong to harm another person for the benefit of someone else for a very long time! We don't—this is not new information. So, he's not excused from this because it was the 1840's and other people owned humans, too.

Justin: Hm.

Sydnee: You don't just write it off. Um, and another example that came to mind that I did learn about in medical school is someone named Hans Reiter who was a Nazi. And he experimented on prisoners at Buchenwald, and for a long time, we named a certain kind of arthritis, that we call reactive arthritis, after him.

When I was taught this in medical school, I was taught that this is something called Reiter's Syndrome, and I was not taught the name Hans Reiter or anything about him, I just—I mean, there are a lot of eponyms. You're taught a lot of names, and they don't—they almost never tell you who they're named for.

And I remember I was taught Reiter's Syndrome, and then I was being quizzed during one of my rotations by a doctor about something. "What do you think this could be?"

And I said, "Well, could it be Reiter's Syndrome?"

And he said, "That's what I was looking for, but don't call it that. Call it reactive arthritis. We don't use that term anymore."

And I said, "Well, why not?"

And he said, "Well, he was a bad guy."

I don't think he really—I don't think the physician really knew, either. I think he just knew, "I'm not supposed to use that term—"

Justin: [simultaneously] He got an email that was like—

Sydnee: —"Yeah, we're not supposed to use that term."

Justin: —[through laughter] "Don't use Reiter's Syndrome anymore!"

Sydnee: So then I looked it up, and he was a Nazi, and we knew—I mean, we knew he was a Nazi 'cause we captured him. The Allies captured him, so this wasn't a secret. We knew he was a Nazi. He, uh—even after he was captured, it was continued to be known as—called Reiter's Syndrome, and it wasn't until the 70's that a group of doctors got together and said, "You know what? Maybe we stop using this Nazi's name for this? Maybe we call it reactive arthritis, 'cause that what it is. It's more descriptive, and also he was kind of wrong about what caused it, so he wasn't even right about it. So—and he's a Nazi. So let's just get rid of his name."

And even though that happened in the '70s... when I was in medical school in the 2000's—

Justin: Right.

Sydnee: —I was still taught this name! And there is—my point is, there is a way to take the—we can't just forget the information we have. I'm not saying that we should throw out a surgical procedure—

Justin: No, of course not.

Sydnee: —because—I mean, if it works, you have to build on that. You have to use a thing that works. You can't do something bad to somebody because you don't wanna use the procedure that works, 'cause it was obtained this way. But we can learn about this, learn about how wrong it was. It helps us understand the framework we have, the ethical framework we have for experiments now. Why you have to get approval from a review board before you can just do something, because things have to meet certain ethical guidelines. And it's not because, "Oh, this is hard and we just have to do our paperwork if we don't wanna get sued."

It's because people have violated them all throughout human history, and if we don't hold everyone to the same standards, they'll do it again. And vulnerable populations are always at risk. At the time, these were peoples who were enslaved in the American South. But even now, there are vulnerable populations who are at risk for this.

I mean, I think prisoners are a good example, and I think a lot of indigent populations and, um, people who are differently abled. I think you could even make a case—certainly minorities, and I think you could make a case that—

Justin: Immigrants.

Sydnee: —immigrants, for sure. And to some extent, women, still. As we know. Whose complaints aren't taken as seriously. Um, children I think are another good example.

Uh, but—uh, anyway, that's why I think it's important to talk about, that we know how we obtain this information. We can still use the information and also not celebrate the people who obtained it in such horrific ways. Um, and this, of course, leads me to—we need to do an episode about Henrietta Lacks at some point.

Justin: Mm-hmm.

Sydnee: Who was the subject of an excellent book, and we will cover on this show as well. I know a lot of people are gonna say, "You didn't talk about Henrietta Lacks!" That's because she needs her whole episode about that, about that story.

Justin: Soon. Coming soon, sneak preview.

Sydnee: Yes.

Justin: Uh, and hey! Um... if you wanna call or email Marshall University, speaking of things that could be named other things...

Sydnee: Yeah. I think it's about time—

Justin: Especially if you're a grad or alumni, whatever.

Sydnee: Yeah. If you went to Marshall University—I don't know how many people who listen to our show did, but if you did, this would be a great thing to call and make your voice heard. Um, because this—it's unacceptable. There's no reason that Jenkins Hall should be named that anymore.

Justin: Yes.

Sydnee: There are a lot of people we could celebrate, and he's not one of them.

Justin: I think, after weighing all of it, Justin McElroy Hall is the name that we've all sort of settled on. We kept comin' back to.

Sydnee: Mmm, well... no.

Justin: I think that I could probably make this call right now. Justin McElroy Hall.

Sydnee: Mm...

Justin: For... education, and... reflection.

Sydnee: Nah... I—

Justin: And growth, spiritual and mental. And also podcasting. Put that at the end, 'cause then the people will be like, "Oh, I get it now. I understand."

Sydnee: I love you, but I don't think... that's the best...

Justin: Okay. Well, maybe I shouldn't come up with it.

Sydnee: You know what you should do?

Justin: What?

Sydnee: You should buy them a microphone for their studio, for the radio, and then it can be the Justin McElroy Memorial Microphone.

Justin: Wait, what?!

Sydnee: [laughs]

Justin: I die?! In the process?!

Sydnee: Well, no.

Justin: That's terrible, Sydnee!

Sydnee: [laughs]

Justin: Uh, thanks so much for listening to our podcast. Uh, if you wanna rate us and review us on iTunes, that's great. Uh, I have a new show out called The Empty Bowl, and it's for people who have anxiety or anxious and like cereal. It's a—or just want a—a little bit of serenity. It's a meditative podcast about cereal. It's called The Empty Bowl. You can find it on iTunes, wherever fine podcasts are sold, if you wanna go check that out—it's not for sale. It's—it's free, obviously.

Uh, thanks to The Taxpayers for the use of their song "Medicines" as the intro and outro of our program. Thanks to you! Uh, we hope you have, uh, learned a little something today.

Sydnee: We have a book comin' out.

Justin: Oh, we have a book comin' out! [Bit.ly/TheSawbonesBook](https://bit.ly/TheSawbonesBook). Uh, go preorder that now and—and, uh, we think you'll really like it. And that is gonna do it for us, so until next week, I'm Justin McElroy.

Sydnee: I'm Sydnee McElroy.

Justin: And, as always, don't drill a hole in your head!

[theme music plays]

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