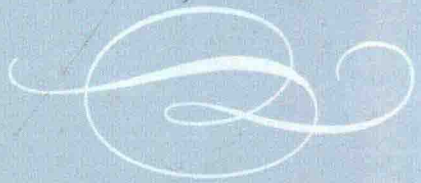


FEMALE
CIRCUMCISION AND
CLITORIDECTOMY
IN THE UNITED STATES
A History of a Medical Treatment



Sarah B. Rodriguez



*Female Circumcision
and Clitoridectomy
in the United States*

A History of a Medical Treatment

SARAH B. RODRIGUEZ

 UNIVERSITY OF ROCHESTER PRESS

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to Javier & Pilar

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Introduction

Rethinking the History of Female Circumcision and Clitoridectomy in the United States

The history of the clitoris is part of the history of sexual difference generally and of the socialization of the body's pleasures . . . it is a story as much about socialization as about sex.

—Thomas Laqueur

In August 2012, Reuters carried a story entitled “Gynecologists Alarmed by Plastic Surgery Spread.” The story concerned several surgeons across the United States performing gynecological surgery meant to enhance or enable women’s sexual response. The surgeries, known collectively as female genital cosmetic surgery, include vaginal tightening, a reduction or removal of labia, and female circumcision. Women seeking to learn more about the surgeries, the article reported, run the gamut of ages, from teenagers to those in their late seventies. These women’s interests in the surgeries, critics claim, are driven by impossible bodily ideals, ideals encouraged by the availability of pornography and marketing by physicians performing the surgeries.¹

Though exact numbers of women who have undergone one or all of these surgeries are unavailable, their notoriety and increasing availability in certain parts of the United States has grown. Indeed, as I write this in the winter of 2014 from my office at Northwestern University’s medical school in downtown Chicago, I know that if I went outside, walked west on Chicago Avenue, turned right on Michigan Avenue, and walked a few more blocks, I would be at the Watertower Building, where Otto J. Placik, a plastic surgeon, performs female circumcision (though he calls it “clitoral unhooding”) for \$1,000 plus operating room and anesthesia fees.² Placik is just one of many

physicians who perform female genital cosmetic surgeries now in the United States and abroad; indeed, so many are now performing them that several international conferences have been established to, as the International Society of Cosmetogynecology says, “promote the advancement of knowledge, skill and excellence in female cosmetic medicine and surgery through education, training and fellowship.”³

Both the popular media and academics have weighed in on what the rise in these surgeries means about the female body, female sexuality, and the role of medicine.⁴ Activists have protested outside of clinics where physicians perform these surgeries, and though to a less dramatic extent, the American College of Obstetrics and Gynecology (ACOG) also protested them when in 2007 the college recommended practitioners not perform the surgeries since their safety and efficacy were unknown.⁵ According to ACOG, the promotion of female genital cosmetic surgeries as sexually enhancing was not based on empirical evidence, nor were the surgeries considered clinically routine or medically indicated, all of which made them “untenable.”⁶

Feminists and physicians are understandably concerned about these surgeries, and a look at a recent outcomes study illustrates more reason for concern. Despite (and in response to) ACOG’s opposition, in late 2010 a dozen physicians published evidence of the sexual benefits of female genital cosmetic surgeries. A 2010 *Journal of Sexual Medicine* article claimed to provide evidence to support the surgeries’ safety and efficacy in enhancing sexual experience. Of the 258 women who responded to a retrospective questionnaire, 91.6 percent indicated they were satisfied with the results of their surgery. The first question on the survey asked the women their initial reason for seeking surgery, with the first response option “to look better ‘down there,’” a phrase the survey used to refer to women’s genitalia. Moreover, satisfaction was measured not just by sexual enhancement for the women respondents but also by how the women perceived the satisfaction of their (presumably) male partners.⁷ While the authors noted the existence of a natural diversity of how women look “down there,” these physicians implicitly presented a very narrow range of what normal female genitals really look like, as well as a belief that the normality of female genitals includes a sexual function defined not solely (or even perhaps primarily) by the possessor of these genitals, but by her (assumed) male partner.

While medical practitioners and nonpractitioners have roundly criticized these surgeries, some physicians, even those who do not perform female genital cosmetic surgeries, see them as part of the future of plastic surgery.⁸ Yet people tend to assume these surgeries are somehow new. In fact there is a long history of vulvar surgeries—especially surgeries on the clitoris—as “sexual enhancement” surgeries for women, designed to help them achieve their “proper role” as sexual partners. Indeed, these surgeries go back more than a hundred years. This book traces that history.

While some may be aware physicians removed the hood of the clitoris (circumcision) or the entire clitoris (clitoridectomy) in the late nineteenth and early twentieth centuries to cure women and girls of masturbation, masturbation was not the only sexual disorder doctors treated through clitoral surgery during this time, and circumcision and clitoridectomy were not the only operations on the clitoris physicians performed to treat sexual disorders. Since the second half of the nineteenth century, doctors have also removed smegma (material secreted from the glans of the foreskin and the labia minora) and separated adhesions (abnormal bands that bound the clitoris to its hood) between the clitoral hood and the clitoris, and they performed these clitoral surgeries along with female circumcision not just as therapies for masturbation but also for a lack of sexual response in the marital bed. Physicians' approach to clitoral surgery, at least as revealed in published medical works, has often been a cautious one that respected the importance of clitoral stimulation for healthy sexuality while simultaneously recognizing its role as cause and symptom in cases of medically, and socially, perceived unhealthy sexual expression.

My examination of these four clitoral surgeries (I am using this term broadly to simplify discussion) beginning in the second half of the nineteenth century and extending to the early twenty-first century illustrates doctors' knowledge of the organ and its role in female sexual pleasure, although what doctors regarded as a healthy organ and healthy sexual behavior were narrowly defined. Over the course of the last 150 years, physicians performed—and some women, their spouses, and parents of girls sought out—clitoral surgeries to maintain or conform to the sexual behavior deemed culturally appropriate for women. These procedures mirror medical and cultural beliefs about appropriate female sexual behavior, and these beliefs are embodied in medical ideas regarding the clitoris. Whether the operations were performed to curb the act of masturbation (a solitary sexual act and therefore not procreative) or to more easily produce an orgasm from a woman having sexual relations with her husband (promoting sexual harmony between spouses) or to curb a woman's hypersexuality or sexual attraction to other women ("masculine" traits), each occurred with the underlying goal of directing female sexual behavior to married, heterosexual, vaginal intercourse.

In tracing this out, we learn a lot more than the origins of modern female genital cosmetic surgeries. We learn that each generation of feminists and doctors seems almost to rediscover the clitoris as a sexually important organ. We also learn that a lot of people have paid a lot of attention to the clitoris and that women were active participants in surgeries designed to normalize them into a particular heterosexual ideal. We learn that what might have been a somewhat offhand remark by Sigmund Freud ended up in a major dispute as well as in many women getting the message that they were sexually deviant or immature. And we learn how vulnerable women have been

in the face of a combination of heterosexist culture combined with doctors who think surgical quick fixes are prowoman.

I am by no means the first to examine the history of female circumcision and clitoridectomy in the United States. Indeed, more than fifty years ago, the historian John Duffy looked at the use of clitoridectomy to cure masturbation in the nineteenth century. But Duffy, like other historians after him, often confused clitoridectomy, the removal of the organ, with another one of the procedures. For example, in the case he cites toward the end of his article, Duffy noted how a physician “liberated” the clitoris.⁹ Liberation, however, was not necessarily removal; here the physician could have meant removing the hood, or, perhaps more likely, breaking up the adhesions between the clitoris and the hood.

In addition to Duffy, other historians have made—largely cursory—mention of clitoral surgeries in the United States, though most often in a context of (male) medicine’s hostility to female bodies.¹⁰ Feminist scholars, too, at times (briefly) brought forth clitoridectomy and female circumcision as examples of misogynistic medicine.¹¹ My interest here, though, is to not only correct older misreadings of clitoral surgeries and move beyond simplistic histories that view the procedures as examples of misogynistic medicine, but also to consider the surgeries as an indication of doctors’ understanding of the clitoris and female sexuality since the second half of the nineteenth century. By doing so I am adding to the modest amount of work conducted by others on the history of the clitoris.¹² For all that I agree (and disagree) with these histories, what is missing is an exploration of doctors’ understanding of the clitoris and its sexual function and how some physicians redirected female sexual behavior by surgically altering the organ they understood to be responsible for healthy sexual response. Though at least one casual observer of female circumcision and clitoridectomy considered these procedures “isolated oddit[ies],” by reexamining their history and placing them in the context of the medical and popular understandings of the clitoris and of female sexual arousal, I seek to show how we should in fact view their occurrence in the United States as neither isolated nor odd.¹³

The Clitoris, Female Sexuality, and American Medicine

During the 150 years I cover here, women’s sexual behavior outside the confines of married heterosexual intercourse was widely regarded as deviant, abnormal, and unhealthy, particularly for women who were white, native born, and middle to upper class. When presented with women labeled as sexually abnormal, some doctors observed the physical state of the clitoris and sometimes surgically changed the organ to help a woman respond more appropriately. Doctors related abnormal sexual behavior, whether it was

masturbation or lack of orgasm during marital intercourse, to the state of the clitoris. This, then, implies that there was a medical understanding of what constituted a normative and healthy clitoris.

To frame the history of female circumcision and clitoridectomy in the United States as therapy for various forms of errant female sexual expression, it is essential to understand what standard medical knowledge of the clitoris entailed. Medical ideas about the clitoris have been fairly consistent since the late nineteenth century in two sources where one would expect to find information about the organ: anatomy and gynecology texts. In these texts, the clitoris has, since the late nineteenth century, often been regarded both implicitly and explicitly as a sexual organ.¹⁴ While I realize not all physicians would have agreed with these texts and that there was then (as today) a difference between textbook-recommended practice and actual clinical practice, I am using these texts as a proxy for accepted medical understanding of the clitoris.¹⁵

Anatomy as a discipline is primarily concerned with how the body is constituted and with the participation between structures, not just the structures themselves. Clinicians used anatomy texts or atlases (the latter concentrate more on visual than verbal representations of anatomy) to verify anatomical information relevant to clinical questions.¹⁶ Like anatomy texts, gynecology texts were used in a similar manner—to confirm information relevant to clinical questions. A physician may have consulted an anatomy text when presented with a consideration of the clitoris and its condition. Or because he (more rarely she) was treating a woman, an attending physician may have consulted a gynecology text when considering therapeutic interventions upon the female body. Both texts, though, reflected accepted ideas about the female body, including the clitoris, and even if a physician never consulted one of these medical texts, the information within them should be regarded as standard.¹⁷

The pioneer in anatomical representations of the clitoris as a sexual organ was Georg Kobelt. As historian Thomas Laqueur argued, once Kobelt published in 1844 his “massively documented” book, *The Male and Female Organs of Sexual Arousal in Man and Some Other Mammals*, “the anatomy of genital pleasure was firmly established.” In this work, Kobelt concluded that the clitoris is the primary location of sexual arousal in women. He reached his conclusions by studying the organ’s structure, noting the erectile tissues and blood and nerve supply. His drawings of the clitoris are intensely detailed. But though his book provided the most detail regarding the clitoris ever to be published to date, it did not, according to Laqueur, alter established views.¹⁸ Kobelt’s work may not have altered views regarding the organ, but it did illustrate those views.

Anatomy, as well as gynecology, texts published after Kobelt continued to refer to the clitoris, either implicitly or explicitly, as a sexual organ. Some scholars have argued that physicians and anatomists, in analogizing the clitoris to the penis, essentially read the female body as a lesser form of the male.¹⁹

While I do not disagree with this reading, there are additional ways to understand these texts. Though some texts explicitly labeled the clitoris as sexual, often information about the sexual nature of the clitoris was embedded within the textual references of the clitoris to the penis. As gynecologist Robert Latou Dickinson wrote in his 1949 *Atlas of Human Sex Anatomy*, the “general homology between the male and female genitalia” was “well known.”²⁰

References to the clitoris as homologous to the penis or as “comparable to the penis in the male,” as Smout’s 1962 *Basic Anatomy and Physiology* stated, were common in anatomy texts published during the twentieth century.²¹ This comparison of the clitoris to the penis was typical, for doctors widely viewed the two organs as analogous.²² For example, in the 1920 *Fundamentals of Human Anatomy*, the clitoris “corresponds to the penis in the male, on a diminutive scale.”²³ A 1923 atlas described the clitoris as corresponding to the penis, but smaller, and the 1944 *A Method of Anatomy: Descriptive and Deductive* called the clitoris the “female penis,” a description repeated in the 1948 and 1958 editions.²⁴ Texts published after the 1950s continued with this labeling; for example, a 1975 text described the clitoris as “homologous with the penis.”²⁵ Like anatomy texts, gynecology texts also compared the clitoris to the penis: for example, the 1902 *Manual of Gynecology* described the clitoris as “analogous of the penis,” a 1934 text labeled the clitoris “the homologue of the male penis,” and the 1962 *Obstetrics and Gynaecology* described the clitoris as a “miniature” penis.²⁶

This equation can be seen as a representation of the clitoris as a less significant organ, since anatomy texts compared the penis and the clitoris in only one direction.²⁷ But anatomy text authors acknowledged the two organs as homologous, and not just in origins, structure (save the urethra), and position, but also implicitly (I will discuss explicitly shortly) in sexual function by labeling the clitoris as a miniature penis, as equivalent to the penis, or most strikingly, as the female penis.²⁸ Anatomy texts were largely, though not exclusively, written by male physicians for largely, though again not entirely, men, as they dominated the practice of medicine through the 1970s. Male physicians, being male, possessed a penis, so the comparison of their organ to the corresponding female one may also be seen as indicating the importance of the clitoris to female sexual pleasure, by relying on the (assumed) reader’s personal experience that the penis was the organ of male sexual pleasure. While the male body was the norm in anatomy texts and the female body was compared to the male body, such a comparison can also be read as giving an implicit equivalency between body parts—here the clitoris with the penis—and between both organs’ sexual purpose.²⁹

Anatomy and gynecology texts further implicitly called attention to the sexual purpose of the clitoris by noting it as sensitive and endowed with an ample amount of sensory nerve endings. For example, with the exception of the edition published in 1910, every American edition of Gray’s *Anatomy* from 1859

through 1959 described the clitoris as highly or very sensitive.³⁰ Similarly, the 1954 *Basic Anatomy* described the clitoral glans as “highly sensitive,” as did the 1960, 1963, 1969, and 1975 editions of *Anatomy: A Regional Study of Human Structure*.³¹ Dawson’s 1966 *Basic Human Anatomy* noted that the clitoris is “well supplied with sensory nerve endings” and the text *Synopsis of Gross Anatomy*, published the same year, also said the clitoris contains “abundant sensory nerve endings.”³² According to Dickinson in his 1949 *Human Sex Anatomy*, though the “female organ” is “minute compared with the male organ,” the size and number of the clitoris’s nerve endings is “demonstrably richer” than those in the penis; indeed, the clitoris, according to Dickinson, possesses perhaps “three to four times as large as the equivalent nerves of the penis.”³³ Such descriptions also appeared in gynecology texts. A 1919 gynecology text, for example, labeled the clitoris as “well supplied with sensory nerves.”³⁴ In addition, the 1934 *An Introduction to Gynecology* described the clitoris as “richly supplied with blood vessels and with nerves with special endings.”³⁵ A 1959 text stated that the clitoral glans is “covered with mucous membrane containing many specialized nerve endings,” and a 1977 text noted the clitoris is “generously supplied with nerve endings.”³⁶ As a final example, a 1966 gynecology text described the organ as a “structure apart,” having within it “special nerve endings which make the clitoris so sensitive.”³⁷

Further attesting to the implicit understanding of the clitoris as a sexual organ, many anatomy texts described the erectile tissue of the clitoris. For example, the 1939 *Anatomy and Physiology* stated that the clitoris is “composed of erectile tissue.”³⁸ Additionally, the 1937 *Cunningham’s Text-Book of Anatomy* described the glans of the clitoris as a “small mass of erectile tissue,” as did the 1959 *Introduction to Human Anatomy*, while the 1975 *Essential Anatomy* called the clitoris “a small sensitive mass of erectile tissue.”³⁹ Gynecology texts similarly described the clitoris as comprised of “erectile tissue” or having “erectile glans”: an 1883 gynecology text described the clitoris as “erectile,” the 1902 *Manual of Gynecology* labeled the clitoris “an erectile body analogous to the penis,” the 1919 *Principles of Gynecology* described the clitoris as being “composed of erectile tissue,” and in the 1934 *An Introduction to Gynecology* the clitoris contains “erectile tissue.”⁴⁰

These descriptions acknowledged the organ’s capabilities for erection and engorgement, traits some anatomy and gynecology texts also included. For example, Morris’s 1898 *Human Anatomy: A Complete Systematic Treatise* described the clitoris as “capable of erection.”⁴¹ Later, the 1960, 1963, 1969, and 1975 editions of *Anatomy: A Regional Study of Human Structure* all noted that the clitoris was “capable of enlargement as a result of engorgement with blood,” and the 1978 *Human Anatomy* noted that the erectile tissue within the clitoris caused the organ “to become erected in response to erotic stimulation.”⁴² Descriptions of the organ’s capability to become engorged appeared in gynecology texts as well: the 1870 *The Physiology of Woman and*